THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. XII. PHILADELPHIA, DECEMBER, 1890. No. 12.

ORIGINAL COMMUNICATIONS.

WASHES AND SPRAYS IN THE TREATMENT OF NASO-PHARYNGEAL CATARRH.

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THE secretions of the nasal mucous membrane are derived from its mucous glands, and also almost directly from the numerous blood-vessels of the mucous membrane, especially those of the so-called erectile tissues covering the turbinated bones. "The watery constituents of the blood transude the mucous membrane and appear on the tortuous surfaces and passages of the cavity." (Bosworth.) In this manner Dr. Bosworth calculates that there must be produced from 12 to 16 fluidounces of water every twenty-four hours in order to saturate the inspired air to the dew-point before it leaves the posterior nares. This watery exudation from the blood-vessels—"the nasal chambers contain no glands that secrete other than mucus" (Bosworth)—serves also to dilute and render more fluid the secretion of the mucous glands, and, when not sufficiently abundant, the mucus collects as partially inspissated masses within the nasal chambers or pharynx.

The quantity of watery fluid that thus transudes the nasal mucous membrane varies with the contraction or dilatation of its blood-vessels, which contractions and dilatations are controlled through the vasomotor nerves. An excessive transudation of watery fluid from the nasal mucous membrane is often a reflex phenomenon, in which irritation of the sensory nerve-filaments of the nasal mucous membrane is followed by dilatation of its blood-vessels and the transudation into the nose of a large amount of watery fluid, which may be so abundant as to even drip from the anterior nares upon the face. Whenever, therefore, a nasal discharge consists of a clear, watery fluid,—which in hay fever or nasal hydrorrhœa is often very abundant,—the fluid comes from dilated blood-vessels and indicates vasomotor paresis, and may be the reflex of irritation of some of the sensory nerve-filaments in the nasal mucous membrane. In such cases, irritating astringents, especially if applied in the form of a powder, invariably do harm and increase the watery discharge. If, however, a 4 per-cent. solution of cocaine be applied to the interior of the nose, contraction of the vessels is brought about and the discharge ceases. The effects of the cocaine in thus controlling the discharge may be usually maintained for several hours by following the cocaine application by spraying the interior of the nose with an atomizer containing a 4-per-cent. solution of antipyrin. The nasal stenosis and excessive secretion of acute coryza are at once relieved by this treatment, which may be repeated as often as twice or thrice a day, with the result of obtaining a speedy cure of the "cold in the head." The application of a spray of a 4 per-cent. solution of antipyrin to the nasal mucous membrane, without the previous use of cocaine, will cause contraction of the erectile tissues and abate an excessive watery discharge. But it is exceedingly irritating, and at first causes a considerable amount of smarting; so that it is always best to precede its use by the applica-

tion of cocaine in order to produce local anæsthesia. Indeed, in some cases of hay fever it has seemed best to dispense with the use of the antipyrin solution entirely, and depend on cocaine alone to relieve the nasal stenosis and excessive watery discharge. A patient, during an attack of hay fever, should be directed to saturate small pieces of absorbent cotton with a 4-per-cent. solution of cocaine and place one loosely within each nostril, and to renew the application as often as necessary to obtain complete relief from his more distressing symptoms. If cotton is thus worn constantly within the nostrils during the attack, it acts as a filter to prevent the entrance of dust, pollen, or other irritants with the inspired air. Often, a much weaker solution of cocaine than 4 per cent., used in the above manner, will be sufficient to give relief from the distressing symptoms of hay fever, and, of course, the weaker solution should then be employed.

Most forms of nasal catarrh are characterized by the retention within the nasal chambers of masses of more or less inspissated mucus, and upon the frequent removal of these accumulations, in order to secure cleanliness of the mucous membrane, frequently depends the success of any treatment inaugurated to bring about a cure of a nasal affection. For this purpose various solutions have been prescribed for the patient's use at home as a "nose-wash." An efficient wash for the nose and pharynx to be used by the patient at home should have the following characteristics:—

1. It should be alkaline.

2. Its specific gravity should be a little less than 1027, or about that of blood serum.

3. The temperature of the wash when used should not be below 100° Fahrenheit.

4. It should be of an agreeable odor, taste, and appearance.

5. It should be antiseptic.

6. It should be so medicated as to be appropriate to the condition of the mucous membrane of the nose and pharynx of the patient for whom it is prescribed.

The wash should be somewhat alkaline from the fact that alkalies have the power of dissolving mucus; and if a nose-wash is rendered somewhat alkaline by adding to it an alkaline sodium salt, we are simply following out the plan of nature, which, as already explained, pours into the nose from the blood-vessels of the mucous membrane a large amount of serum which is alkaline from the sodium salts that it contains, and whose function is not only to moisten the inspired air, but also to render the secretions of the mucous glands more fluid. It is the presence of these salts that renders the watery discharges of the nose irritating when they are constantly flowing from the nostrils and drying upon the skin, so that they frequently produce eczema of the upper lip and alæ.

The specific gravity of the wash should be about 1027, or that of blood-serum, because the Schneiderian mucous membrane is exceedingly thin and vascular, and presents the most favorable condition for the occurrence of osmosis and exosmosis. If the specific gravity of a "nose-wash" is much less than that of blood-serum its use is followed by osmosis of the more fluid parts of the wash into the capillaries of the mucous membrane; while, if the specific gravity of the wash is much above that of blood serum its use is followed by exosmosis from the capillaries of the mucous membrane. In either case there is produced an irritation of the sensory nerves of the mucous membrane, indicated by smarting sensations or actual pain lasting some moments, and soon followed by swelling of the erectile tissues and a "stuffed up" sensation in the nose. Indeed, so great is the irritation of the sensory nerves that the symptoms for some moments resemble those that usher in an attack of acute coryza or hay fever. These facts are readily verified experimentally by sniffing up into the nose pure water and various solutions of table-salt and water. Pure water or a strong solution of salt and water sniffed up the nose will produce immediately all the early symptoms of a "cold in the head." If, however, a warm solution of salt and water of the strength of about one drachm to the pint be sniffed up into the nose the sensation is far from disagreeable and is followed by none of the effects produced by the use of either the pure water or strong brine.

The temperature of a solution to be used as a nose-wash is of some little importance. If very cold, it acts as an irritant and produces the early symptoms of acute coryza. It is true that these effects soon subside; yet, it should be borne in mind that a cold nose-wash or one whose specific gravity is not nearly that of blood-serum always acts as an irritant, and, if used habitually several times each day, is

capable of producing catarrhal inflammation and inducing hypertrophic changes in the nasal mucous membrane. The use of a nose-wash of about the temperature of the body does not act as an irritant, while very warm washes have a decided sedative effect, especially noticeable in acute inflammatory affections. Patients complain, however, that they take cold if they expose themselves to inclement weather immediately after the use of a very warm nose-wash.

When masses of partially inspissated mucus are retained within the nasal chambers they soon begin to undergo putrefactive changes and the products of these changes are very readily absorbed through the thin, vascular, mucous membrane. In fact, the whole mucous membrane of the respiratory organs seems especially adapted by its anatomical construction for speedy osmosis or exosmosis and the absorption of either gases or liquids. The constitutional effects of cocaine, for example, are much more quickly perceived when a solution is sprayed upon the mucous membrane of the nose than if the same quantity of the drug were taken into the stomach. However, the absorption of cocaine by the nasal mucous membrane is, to a certain extent, a self limited process. When a strong solution is first applied a small quantity is taken up by the mucous membrane and produces an immediate contraction of its vessels; so that the mucous membrane becomes almost completely exsanguinated; after which absorption goes on very slowly. A weaker solution produces contraction of the blood-vessels more slowly, and hence penetrates more deeply into the tissues. For this reason a 20-per-cent. solution of cocaine, when applied on absorbent cotton to the nasal mucous membrane, produces a more rapid, but, at the same time, more superficial and less profound local anæsthesia than when a 4-per-cent. solution is used for this purpose; and we also have an explanation why the use of cocaine on cotton inside the nose is so rarely followed by untoward constitutional effects. Unless, indeed, a solution of the drug is sprayed upon the whole mucous membrane of the interior of the nose,—a proceeding which is rarely, if ever, necessary, and cannot be too severely condemned,—untoward constitutional effects rarely, if ever, occur.

Applying the foregoing considerations in the construction of a formula for a nose-wash to be used by patients at home, we may consider first a modification of the famous Dobell's solution, very frequently prescribed in Philadelphia dispensaries:—

℞ Sodii bicarb.,
Sodii biborat., . . āā ʒj.
Acidi carbolici, . . . gr. xv.
Glycerinæ, ... fʒj.
Aquæ, . . . ad Oij.—M.

The above wash, when used warm, is perfectly bland and unirritating. It is sufficiently alkaline to dissolve inspissated masses of mucus, and its specific gravity is brought to the required standard by the glycerin that it contains, and for which may be substituted either 1 drachm of table-salt or 1 drachm of extract of liquorice, with an equally good result. The wash is made slightly antiseptic by carbolic acid, which in weak solutions is a sedative to mucous membranes. Unfortunately, carbolic acid has an odor which to many persons is detestable, and we may, with advantage, substitute some inodorous or more agreeable smelling antiseptics for it; for example, thymol, menthol, and salycylate of sodium, and still have a wash that is bland and unirritating, alkaline, antiseptic, and of the right specific gravity for use within the nose in simple chronic or hypertrophic catarrh:—

℞ Sodii bicarb.,
Sodii biborat., . . āā ʒj.
Sodii salicylas, . . . gr. iij.
Glycerinæ, ... fʒj.
Thymol., ... gr. j.
Menthol., ... gr. ss.
Aquæ, . . . ad fʒiv.
M. Sig.: Add to a quart of water and use as a wash.

If to the above formula table-salt or extract of liquorice (1 drachm of either) be added, we still have a cheap and effective wash, whose solid ingredients may be prescribed as a powder, a heaping teaspoonful of which added to a pint of water will form a wash of the required strength; or the powder may be compressed into tablets of such a size that one of them added to 2 ounces of water will form an efficient wash.

It is a difficult matter to decide, in nasopharyngeal catarrh characterized by the retention of thick or inspissated masses of mucus, whether the secretion from the mucous glands is increased or diminished. My own opinion is that in simple chronic rhinitis and hypertrophic rhinitis the secretion from the mucous

glands remains about the same in quantity as in health, but is altered in character by the presence of dead epithelial cells and other products of inflammation, and that in atrophic rhinitis the secretion of the mucous glands is greatly diminished in amount. In either case, however, the thick or inspissated character of the mucus is mainly due to a diminution of the watery exudation from the capillaries and sinuses of the mucous membrane and so-called erectile tissues of the nose. At first sight it would seem best then to prescribe a somewhat irritating wash for the use of patients with simple chronic rhinitis or hypertrophic rhinitis; but experience has taught me that such washes invariably do harm by increasing the inflammation of the Schneiderian membrane and the irritability of its sensory nerve-filaments. Powders used as a "snuff" irritate the nose mechanically and produce the same result, and sometimes bring about a condition of affairs resembling that of hay fever. Simple chronic rhinitis is then, perhaps, best treated by the patient's use, two or three times a day, of a bland and unirritating alkaline wash, and the application by his physician of an alterative and somewhat stimulating solution to the inflamed Schneiderian membrane two or three times a week to bring about absorption of the products of inflammation within and beneath that structure. The following solution, applied to the nasal mucous membrane by means of a piece of absorbent cotton wrapped around the end of a probe, answers very well for this purpose:—

℞ Iodi, ... gr. viij.
Potassii iodid., . . gr. xxiv.
Glycerinæ, . . . f℥ss.

The solution, when applied to the Schneiderian membrane, should produce a slight amount of irritation, or the proportion of iodine and iodide of potassium to the glycerin should be increased. Treated in this manner, an apparent cure of simple chronic rhinitis can frequently be brought about within six weeks. In hypertrophic rhinitis the chronic inflammation of the Schneiderian membrane is largely due to nasal stenosis. A deviated septum or other cause of nasal stenosis also produces chronic inflammation of the Schneiderian membrane. No operation should, however, be undertaken for the relief of the stenosis until the chronic inflammation of the nasal mucous membrane has been relieved, as far as possible, by the measures recommended above, in order to prevent too great inflammatory reaction as the result of operating when inflammation is already present.

In atrophic rhinitis, however, where mucous glands and blood-vessels are shrunken or destroyed, and the mucous membrane itself is thin, pale, lacks sensibility, and is covered by crusts of inspissated mucus, an irritant wash for the patient's use at home would seem desirable. If the proportion of water in the wash mentioned above be decreased, it becomes somewhat irritating, and its specific gravity is, at the same time, so much increased as to favor exosmosis from the vessels and thus decrease the tendency to the formation of crusts. In the treatment of atrophic rhinitis, the wash should be used two or three times a day, and be of such a degree of concentration that it will produce a slight smarting sensation each time that it is used. The stimulation of the atrophied mucous membrane may be maintained during the day by the use of an irritating powder, which the patient can carry in a box in his pocket and use as a snuff four or five times a day. The following formula has answered very well for this purpose:—

℞ Argenti nitratis, . . gr. ij.
Amyli, ... ℥iiss.

The best results are, however, obtained by teaching the patient to insert within the nasal chambers cylinders of absorbent cotton, which, if worn constantly, produce by their presence a certain amount of irritation, followed by increased exudation from the blood-vessels and renewed growth of the atrophied tissues. The cylinders of cotton, when placed within the nose, soon become saturated with moisture and take the place of the atrophied erectile bodies in moistening and warming the inspired air. Treated in this manner, a cure can often be brought about; but in cases of atrophic rhinitis, where the atrophy is extreme, the treatment is very tedious and the cure long delayed.

The use of washes by means of the nasal douche has been very justly abandoned as dangerous, from the fact that, if obstruction of the nasal chambers exist that interferes with the free escape of the wash from the post-nasal chamber, some of the fluid may be forced through the Eustachian tube into the ear and

produce acute otitis media. In most cases of naso-pharyngeal catarrh, simply sniffing the wash from a cup or hollow of the hand through one nostril into the fauces is sufficient to cleanse the nose and naso-pharynx of their accumulated mucus. An atomizer throwing a coarse spray may also be used for the same purpose, the spray being allowed to play through the nostril into the naso-pharynx. In atrophic conditions, however, where the nose and post-nasal space are filled with closely-adhering masses of mucus and scabs, these measures are not sufficient to cleanse the mucous membrane, and recourse should be had to the exceedingly ingenious instrument of Dr. Shoemaker, or the post-nasal syringe, in order to secure a solid stream of fluid operating with sufficient force to detach the accumulations of mucus and thoroughly cleanse the diseased mucous membrane; or the forceps may have to be used to remove closely-adhering scabs, or they may be softened, loosened, and partially dissolved by the use of a fifteen-volume solution of the peroxide of hydrogen as a spray.

When diphtheritic or croupous inflammation has covered part of the mucous membrane of the nose or pharynx with a false membrane, it can often be loosened from its attachments by the use of an alkaline wash, and here simple liquor calcis answers a useful purpose in rendering the membrane more friable and easy to detach. It may be used with an atomizer, or injected into the nose of a child with a medicine-dropper or small syringe, and in the same manner a 1 to 2 or 3000 solution of corrosive sublimate may be used as a germicide and antiseptic. In relaxed conditions of the mucous membrane, for example, the relaxed fauces of smokers and others, astringents are indicated. Here a solution of sulphate of copper, 2 grains to the ounce of water, used with the atomizer upon the fauces once or twice a day, gives immediate relief, and often enables the physician to bring about a cure of this annoying affection without resorting to amputation of the uvula. Where syphilitic ulcerations of the nose, pharynx, or larynx are present, zinc chloride seems to act well as an astringent. If 2 grains of the salt and 10 grains of extract of liquorice be dissolved in 2 ounces of warm water, the solution may be used with the post-nasal syringe, with the result of abating any fetid odor that may be present, diminishing the discharge, improving the condition of the ulcer, and decreasing the inflammation and swelling of the surrounding mucous membrane.

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*THE SURGICAL TREATMENT OF CARCINOMA OF THE PYLORUS AND INTESTINES.**

BY FRAS. BOUREMAN JESSETT, F.R.C.S. ENG.,
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THE author, in the first place, drew attention to the importance of early and correct diagnosis, arguing that it was only in cases in which the disease was thus early recognized that a radical cure could be hoped for.

The surgical treatment of carcinoma of the pylorus resolves itself into:—

1. Pylorectomy. 2. Gastro-enterostomy. 3. Combined pylorectomy and gastro enterostomy. 4. Jejunostomy. 5. Bemay's operation of opening the stomach and curetting the disease.

The author based his remarks upon the experience of a number of cases of pyloric carcinoma and also upon experimental research.

He argued that the chief factors of the want of success in pylorectomy were: (*a*) the length of time hitherto taken in performing the operation, viz., an average of three hours; (*b*) the exhausted condition in which patients were in when brought to the surgeon. He quoted 5 cases which had been operated on by English surgeons, all of which had died evidently from shock, as they all succumbed within seventeen hours of the operation.

One case, which had been operated on for pylorectomy by Dr. Rawdon, of Liverpool, and another by Dr. Bull, of New York, in which these surgeons had adopted a more speedy method of operating, had both recovered.

The anatomical relations of the parts were next dealt with, and attention drawn to the very short portion of duodenum covered with peritoneum that the surgeon has to deal with.

The method of performing pylorectomy was next discussed, and the different operations compared. The method which the author advocated was, after the pylorus was excised, not to attempt to bring together the divided ends of the stomach and duodenum, but to close the end of each viscus by a continuous suture, thus forming two *cul-de-sacs*. This having

*Abstract of paper read at the British Medical Association Meeting, Birmingham, 1890.

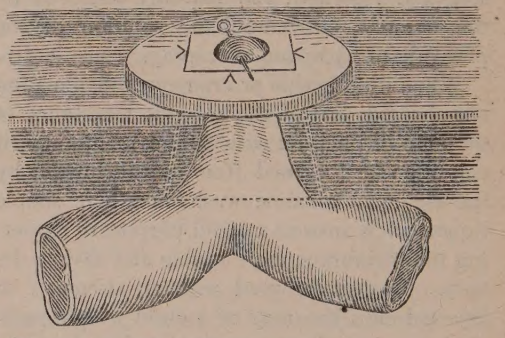
been accomplished, a portion of the jejunum at its origin should be looped up and attached either to the anterior or posterior wall of the stomach by means of approximative disks, thus performing the continued operation of pylorectomy and gastro enterostomy. Another method advocated, when the duodenum is long enough to permit of its being readily drawn from the wound, was that adopted by Dr. Rawdon in his successful case, viz., to introduce a decalcified bone-plate, armed with fine silk threads, into the divided ends of the stomach and duodenum, passing the fine threads through all the coats of the stomach and duodenum respectively, about $\frac{1}{6}$ inch from the cut edge, and then tying the corresponding threads of the two plates firmly together. A few Lembert sutures should be introduced around, and the parts dropped back with the abdominal cavity. Either of these two operations can be readily performed in from one to one and a half hours.

The author narrated 6 cases in which he had operated for pyloric cancer,—1 case by the old method, 3 cases in which gastro-enterostomy was performed by means of approximation plates, and 2 in which he performed jejunostomy.

He had had reported to him 6 other cases of gastro-enterostomy, in which Lewis's method of approximation disks had been adopted, making a total of 9 cases. Of these, 6 made good recoveries, and the other 3, so far as the operation was concerned, were also successful; 1 of these died eleven days after the operation, apparently from kinking of the gut; the other 2 died six days after operation, from exhaustion, the result of not feeding early enough.

The different steps of the operation were explained, and great stress laid upon early feeding with peptonized milk and beef tea.

A new operation for performing jejunostomy was described as follows: An incision about 2 inches long is made, either in the left linea semilunaris or the medium line above the umbilicus, into the abdominal cavity; two fingers are introduced, and the jejunum searched for at its origin from the duodenum. A loop is drawn through the wound. A long, straight needle, armed with silk-worm gut is passed, in a longitudinal direction, through the serous and muscular coats of intestine for the distance of 1 or $1\frac{1}{2}$ inches, one thread being passed on one side of the intestine and another similarly passed on the opposite side; two other threads are next passed across the intestine from the points of exit of each of the longitudinal threads; there then is a parallelogram of intestines inclosed by these four threads. Each thread is next passed through the whole of the abdominal parietes, about $\frac{1}{2}$ inch from the cut edge, and then through a plate either square or oval, with a circular opening in the centre. Each pair of threads is now caught in clamp forceps, while three or four threads of silk-worm gut are passed through the parietes in the ordinary manner to bring the edges of the wound together. A pair of clamp forceps are now passed through the opening in the plate and a small portion of the intestine drawn into the opening; the plate is next firmly pressed upon the abdomen, and the four threads which sling the gut are drawn taut and tied firmly; finally, a hare-lip pin is passed through the small portion of the intestine which has been drawn through the wound and allowed to rest on the sides of the plate. (*Vide* figure.) The wound is dressed in the ordinary way, and a small opening can be made in the intestine as soon as the surgeon deems it advisable, viz., from the third to the fifth day. This is done simply by cutting through the intestine upon the hare-lip pin and suturing the edges to the opening by three or four sutures. The author then passes a winged India-rubber catheter into the opening, and at once commences feeding.



Method of Performing Gastrostomy and Jejunostomy with Bone-Plate on Abdomen.

The same proceeding may be adopted in performing gastrostomy; but the author here pointed out the advantage of opening the jejunum in all cases, and never opening the stomach, as all surgeons are well aware of the difficulties encountered by opening the stomach and the distress experienced by the patient by the

constant escape of gastric juice; whereas, in jejunostomy there is little or no escape, and the gastric juice, bile, and pancreatic secretion all pass into the intestines and appear to perform their different functions admirably.

The author next described briefly the different forms of carcinoma of the intestines, and urged the adoption of the method suggested by Lewis and adopted by himself with admirable results, of re-establishing the continuity of the intestine, by means of approximation disks in the case of the small intestine, or by implanting the small intestine with the colon in cases of carcinoma of the cæcum or colon.

PUERPERAL CONVULSIONS—METHOD OF PREVENTION.

By D. BENJAMIN, M.D.,

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THIRTEEN years' experience and observation have led me to believe that puerperal convulsions are almost, or quite, preventable.

My first case occurred in 1880; primipara, in eighth month of gestation. Patient had slight œdema of feet at the time, but nothing else to indicate anything abnormal; she had, however, presented, for at least two years, some of the symptoms of "latent epilepsy."

The attack came on about daylight in the morning, and was of the severest character. The treatment consists of ½ grain hypodermic injection of morphia sulphate, bromides in large doses, and bleeding to the weak pulse. Some liquor amnii escaped, but child was carried to term, and expired of inanition soon (nine hours) after birth; nothing abnormal occurred to the mother, except that she was a few days late in gaining her usual strength. A few months after this I had my second case, a small woman, primipara; she seemed perfectly well up to her delivery, at term. She had a florid complexion, and may have had albumen in her urine, as it had not been tested for four weeks previous to her confinement.

The perineum was ruptured by the child's head, and, after the labor was completed and the womb and vagina had been entirely freed from placenta and all *débris*, I repaired the perineal rent by means of three silver-wire sutures, fastening with flat lead buttons. About one minute after the last stitch had been secured convulsions set in, typical and severe.

The stitches were removed promptly, but, notwithstanding profuse bleeding from venesection of the arm, hypodermics of morph. (¼ grain), and enemas of 30-grain doses of bromide of potassium, the convulsions lasted for over an hour; after they were controlled, the case proceeded in a normal way.

I have attended about 700 cases of confinement, but have had no more puerperal convulsions; those 2 cases, in fact, recovered. It gives me much pleasure to state that I have never had a death, from any cause, of a mother, in all my obstetrical practice, up to the present time.

Six months after my first case recovered, she again became pregnant. I began to fear a repetition of my first awful experience. I had been told by an old and reliable physician that he had had a patient who suffered these attacks at every one of her confinements, in several of which he had seen her.

I began to reason something like this: K. Br. would not stop an epileptic fit; nor would it prevent one if given a few hours before the seizure, although its physiological action upon the human system is such as to clearly indicate its administration.

It allays nervous irritability, equalizes the circulation, and is antispasmodic.

But one thing was certain: K. Br., if given in proper doses, several days before an epileptic fit, would prevent it, or often indefinitely postpone it; meantime, if the cause of the epilepsy was found and removed, the fit never came on again.

I will not lengthen the discussion here to enumerate the many points of similarity of epilepsy to puerperal convulsions, as they must be ever apparent to a superficial observer, but confine myself closely to the point under consideration.

K. Br. would certainly not stop a puerperal fit, given during the convulsion. Question: Would it prevent an attack if administered in proper doses, and sufficiently long before the time at which the convulsion was to occur? Resolved to try. Our first patient, already now again pregnant, had reached her eighth month, and there were symptoms of albuminuria,—swelled feet and nervous irritability,—every symptom being closely observed.

The following was ordered:—

℞ Pot. brom., ... ʒiij.
Pot. iod., ... gr. x.
Syr. tolu.,
Aquæ, ... āā ʒij.

M. Sig.: Tablespoonful before dinner, supper, and at bed-time.

This was given about one week, when, to my satisfaction, all symptoms had disappeared. I was especially impressed with the rapid disappearance of albumen from the urine.

The course was repeated during at least two weeks out of each remaining month, making the treatment a little more constant toward full term.

A little malarial condition in beginning of ninth month was treated about five days, with the following:—

℞ Quininæ sulph., . . . gr. xxv.
Acid. arsenious, . . . gr. ¼.
M. et ft. pil. no. xij.
Sig.: One four times a day.

I do not believe this had any especial effect in preventing the convulsions, but should be mentioned.

The patient went to full term and had her child, and no symptoms of convulsions appeared.

She has, since that time, had two more children at full term, each time being similarly treated with the foregoing preventive measures, and every time a completely successful result.

Of late years I never fail to call on every patient, occasionally, during her late months, and, if there is the slightest symptom of nervousness, dizziness, headache, albuminuria, swelled feet, hands, or eyelids, I order the remedy, and so far I have had no convulsions.

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CARCINOMA OF THE UPPER LIP.—Dr. Eschweiler (Deutsch. Zeitschr. für Chirurgie, vol. xxix) has gathered statistics relative to the frequency of this lesion. The cases which he had observed or collected are 66 in number. It is much less frequent than cancer of the lower lip (1 to 17 of the latter); more frequent in men than in women (37 to 24). It occurs oftener upon the left than the right side, and oftener among working people than the leisurely classes.—*Revue de Laryngologie*, etc., September 1, 1890.

ABSTRACTS.

TWO CASES OF RARE DISEASES OF THE TONGUE.—Dr. Bock describes (Clinique de Bruxelles, May 1, 1890):—

1. Urticaria. The subject of this observation was suddenly attacked by a considerable swelling of the tongue. It filled the cavity of the mouth, was of a bluish color, bright, and even glistening; in consistence it was hard and elastic. There was burning pain, but no abnormal heat. A diagnosis of lingual urticaria was made by reason of the rapid development of the œdema, the absence of traumatism, the peculiar appearance of the tongue, and the knowledge that the patient frequently suffered from attacks of urticaria. This affection, which disappears rapidly, may give rise suddenly to extremely grave symptoms.

2. Hæmorrhagic tumors. A man, aged 33 years, tuberculous and ataxic, was afflicted from time to time with small, intra-lingual tumors, hard, elastic, and painless, generally seated in the substance of the organ, and disappearing in ten or fifteen days. The absence of pulsation, the rapid disappearance, and frequent repetitions of the tumors excluded the idea that they were aneurisms. The reporter believed them to be of hæmorrhagic nature, probably consecutive to a vascular alteration due to miliary tubercles.—*Revue de Laryngologie*, etc., September 1, 1890.

CHLORAL ERUPTIONS.—Though a special idiosyncrasy exists in certain persons, yet certain conditions appear to singularly favor the development of these rashes. It has been noticed, for example, that children and those subject to hysteria, chorea, etc., as well as the weak and cachectic and the victims of myelitis and general paralysis, exhibit more predisposition than others to be thus affected. Above all, according to M. Barbilion, the principal condition in producing the eruption is the introduction into the system of alcohol with chloral. Children 4 or 5 years of age have been known to take with impunity doses of 3 or 4 grammes (45 to 60 grains) of chloral daily, but let any form of alcohol be given at the same time and in one-quarter or one-half hour erythema makes its appearance. Chloral alone generally fails to produce an eruption;

the conjoined action of the alcohol is necessary. The most common form of eruption is erythema. Much less frequent are purpura and urticaria. The progress of the rash is, so to speak, mathematical. In the first place, there is redness of the face, soon followed by a feeling of embarrassed respiration, with flashes of heat. Erythema then becomes general, and is characterized by smooth but slightly projecting patches of a vivid-red color. The spots are of very unequal size, sometimes being separated by intervals of healthy skin, and sometimes coalescing to form large areas. Besides the face, it manifests itself upon the breast, over the principal joints, the wrist and ankle. It always occurs without fever or pain, and generally without itching.

When the erythema is general, the entire face is red, the conjunctivæ are congested, and lachrymation is often present. The internal surface of the cheeks, the palatine vault, and the pharynx are involved. Palpitations, slight dyspnœa, and a certain dryness of the mouth are also experienced. A chloroformic odor of the breath has been observed. The rash is usually most intense after a meal. Its manifestation varies as regards beginning, duration, and termination, but it is strictly dependent upon the ingestion of the drug,—a fact upon which the diagnosis depends, for its aspect does not differ from that of many other erythemas.—*La Gazette Médicale de Montréal*, September, 1890.

Delirium after Operations for Cataract.—M. Parinaud believes that the cerebral troubles should be attributed to the prolonged deprivation of light, and to the meagre diet to which the patients are restricted. Grandclément and Galezowski consider that the atropine installations are not without influence. Chibret, of Clermont, sees the cause in alcoholism. Dr. Salvator Angelo Ledda relates 2 cases in which the delirium was clearly due to atropine. In one the delirium preceded operation. Dr. Ledda mentions in his paper that the observations have not been very numerous. Sichel, the elder, was the first to call attention to the fact, and reported 8 cases in 1863. Others were published during the same year by Borelli, Magne, and Lanne. Saltini published 4 cases in 1881. Sichel ascribed the occurrence to the bandaging of the eyes. Borelli thought that it was due to the regimen and a certain predisposition to mania. Saltini declared that the etiology is complex. He denied the influence of atropine, and deemed it the result of a special idiosyncrasy, darkness, diet, and restlessness.

Ledda recognizes several causes of the delirium. He mentions the character of the patients, their predisposition to mania and intoxication by atropine. The predisposition to cerebral trouble may be natural to the individual, or the consequence of the abuse of alcohol. This idiosyncrasy existing, darkness, the moral impression produced by fear of losing the sight, or the nature of the diet are sufficient to produce the delirium. Consequently the surgeon should endeavor to forestall the occurrence. The author advises the administration of chloral and bromide of potassium before the operation, or the institution of some preliminary treatment in order to test the susceptibility of the individual.—*Recueil d' Ophthalmologie*, July, 1890.

Dilatation of the Stomach accompanied by Glycosuria.—M. Derignac has seen 2 cases in which this complication existed. The sugar disappeared from the urine upon cessation of the gastro-intestinal troubles. But, considering the general constitutional condition of the patients (arthritic, obese, the subjects of disordered nutrition), he queries whether the temporary glycosuria is not destined to become permanent.—*Le Progrès Médical*, August 30, 1890.

Trophic Disorder of the Skin due to the Galvanic Current.—M. H. Koebner reports (Neurol. Centr.-Bl., May 1, 1890) the case of a woman suffering from nervous headache, and treated by means of galvanism. The positive pole was applied to the forehead and the negative electrode to the nucha, which it covered to the seventh cervical vertebra. The current employed was so weak that it merely produced a slight sensation of heat. No luminous sensations or vertigo were experienced. At the end of the *séances*, which lasted no more than three or four minutes, no redness or other modification of the skin was perceived at the point of application of the electrodes. From the first sitting, however,

the patient complained of intense pains at several points in the neck, which had not been in contact with the electrodes. The next day, at the points indicated, vesicles similar to those of herpes or zona were seen. The vesicles soon became eschars, which left behind them persistent white spots. The vesicles occupied positions corresponding to the transverse cervical branch of the superficial cervical plexus. As the same phenomena followed each of four consecutive sittings, M. Koebner was obliged to abandon the electric treatment. It is noteworthy that when, some weeks later, the writer resumed the same electric treatment no trophic trouble resulted.—*L'Electrothérapie*, September, 1890.

Perforating Syphilitic Ulcer of the Posterior Wall of the Pharynx. Ulceration of the Internal Carotid Artery. Death.—The following interesting case is reported by Dr. V. Raulin, from the clinic of Dr. E. J. Moure: M. X., male, 22 years of age, ailed nothing during childhood, except from repeated catarrhal attacks of the throat. Four years previously he acquired a venereal sore, which healed quickly, and was accompanied by suppurative adenitis on both sides. Two months previously the man noticed pain during eating. The passage of food caused sharp pains, which spread to the ears. There was salivation, but no pain in deglutition. For a month and a half he had been expectorating sanious and purulent matter of an excessively foul odor. The trouble originated without fever or constitutional troubles. The odor was not like that of ozæna, but of gangrenous tissue.

November 7. The tongue, gums, roof of the mouth, soft palate, and tonsils were healthy. The posterior wall of the pharynx was very red and œdematous, and presented the aspect of an inclined plane, which ascended behind the velum palati. Upon raising that structure it was seen that the inclined plane ceased abruptly, and that it was nothing more than the lower part of the border of an ulcer seated upon the upper part of the pharyngeal wall. The ulcer was the size of a 2-franc piece, circular, with sharp-cut edges, and surrounded by inflammatory swelling. The ulcer was very deep and penetrated to the anterior arch of the first cervical vertebra. Its bottom was necrotic and covered with the yellowish *débris* of sphacelated cellular tissue. There was no enlargement of the cervical or submaxillary glands.

The treatment consisted of syrup of the biniodide, together with antiseptec gargles.

November 14. The surface of the ulcer was cleansed, an eschar removed, and the bottom painted with tincture of iodine. On November 18 caries of the vertebra was clearly perceived. It was, however, but superficial. By the 25th the ulcer was almost entirely healed, and the man was dismissed with advice in regard to continuing his medicine. This advice he followed but a short time, and in about a month the ulcer re-appeared and he returned to the polyclinic; then entered a hospital, where he was simply treated with gargles of more or less anodyne nature, and a solution of iodine, which produced no effect. On the contrary, the ulcer enlarged and deepened. After two months of this ineffectual treatment he left the hospital and sought Dr. Moure. The general condition by this time was bad, and the patient could scarcely swallow the iodized solution. Mercurial inunctions were added. The ulcer was so deep, the bodies of the upper vertebræ being exposed, that it seemed impossible to hope for a cure, and danger was to be apprehended from involvement of the cord or the great vessels. The patient was persuaded to re-enter the hospital, where he continued to "vegetate" for a few days, when he was suddenly attacked by a considerable hæmorrhage, which terminated the scene. In conclusion, the writer adduces reasons for believing that the case was really one of tardily developed hereditary syphilis, and not of acquired disease. The foregoing venereal manifestation was considered as chancroidal.—*Annales de la Polyclinique de Bordeaux*, July, 1890.

Diabetic Balano-Posthitis and Phimosis.—In Annales de la Polyclinique de Bordeaux for July, 1890, two cases of this nature are reported from the clinic of Professor Alfred Pousson. The men who sought advice supposed themselves to be suffering from venereal disease. This is one of the conditions which may indicate the presence of diabetes mellitus before the characteristic symptoms of the disorder have been manifested. It has been attributed by Friedreich to a fungus analogous

to the aspergillus, and detected in diabetic urine by Hannover, Harsall, and Darrach. Others regard the manifestation as due to the irritation set up and maintained by the fermentation of the sugar contained in the urine. There was no opportunity in these two cases of searching for the spores of the organism mentioned. But the writer found numerous sources of irritation. One of the patients was newly married, and the conjugal approaches had been too frequently repeated. The other patient was very obese, and, the labor of the toilet being very difficult, he had not practiced scrupulous cleanliness. In both the prepuce was very long, and this fact doubtless acted as a predisposing cause to diabetic inflammation of the gland and its envelope.

Condylomatous Tumors of the Larynx (Syphilitic Papillomata).—Dr. Lacoarret remarks that English writers generally describe mucous patches of the larynx under the name of condylomata. This may therefore be a misleading title. In a case which he reports the tumors were veritable condylomata, verrucous papillary outgrowths resembling the cock's comb. Though the occurrence of such lesions has been attested by Cusco, Dance, Symian, E. J. Moure, and others, some authors have considered them as but fungosities springing from old ulcers. He believes, however, that the case which he reports will, in spite of its rarity, confirm the opinion of the first-named observers. His patient was a woman 56 years of age who, two months previously, had acquired syphilis. She had discrete roseola, mucous patches in the mouth, violent headaches, and falling of the hair. Deglutition was so painful that solid food had to be abandoned. The first physician consulted simply ordered soothing gargles. Soon large, red projections appeared on the middle part of the tongue, and the voice became rough. There was no cough, expectoration, or difficulty in breathing. Nasal symptoms developed, and, as she did not improve, she consulted Professor Moure. The mucous membrane of the nose was found swollen; superficial ulcers were situated over the inferior turbinated bone of each side. The orifices of the nostrils were red and fissured. The tonsils were swollen and covered with mucous patches. Upon the posterior third of the tongue, in the middle line, were great warty excrescences of a grayish color, with red and desquamated summits. The glosso-epiglottic folds were not attacked, and the epiglottis was healthy. The laryngeal mucous membrane was erythematous. The vocal cords were red and swollen. A mucous patch was situated upon the right aryteno-epiglottidean fold. Between the arytenoids and entirely independent of the ulcerated patch were seen a series of warty growths covered by a red mucous membrane. Though smaller, these were, like those upon the tongue, true condylomata. Under appropriate antisyphilitic treatment the lesions all disappeared, those upon the tongue being the last to go.—*Annales de la Polyclinique de Bordeaux*, July, 1890.

THERAPEUTIC NOTES.

THE USE OF VALERIAN.

Valerian possesses a real efficacy in that group of maladies of women designated, for want of better, under the names of nervous state, spasmodic condition, etc. It has an incontestable therapeutic action against certain hysterical phenomena. It acts well in those cases of vertigo, etourdissements similar to those which announce the danger of a cerebral hæmorrhage, and which, however, are not allied to this grave affection. It is equally employed in choreic anæmia. It renders service in a number of cases of simple paralysis, and in a general way it diminished the production of urea.

Formulas Relative to the Preparations Most Used:—

1. Extract and Root.

Bolus of Valerian:

℞ Powdered valerian, . . 0 gr. .25.
Powdered cinnamon, . . 0 gr. .05.
Honey, ... q. s.

For one bolus; take from 4 to 20 a day.

Confection of Extract of Valerian:

℞ Extract of valerian, . . 20 grammes.
Powdered valerian, . . 20 "
Powdered orange-leaves, q. s.

Five to 40 grammes a day, and even more, if necessary.

Antispasmodic Lavement:

℞ Valerian-root, . . . 30 grammes.
Make infusion with
Boiling water, . . . 250 "
Filter and add
Asafœtida, . . . 4 gr.
Yelk of egg, . . . no. 1.

Antihysterical Pills:

℞ Powdered valerian, . . 8 grammes.
Galbanum,
Sagapenum,
Asafœtida, . . āā 4 "
Make pills of 0 gr. .20; 3 to 4 a day.

Antineuralgic Pills (Roger):

℞ Extract of valerian,
Asafœtida,
Galbanum,
Castoreum, . . āā 0 gr. .05.
For 1 pill; 3 to 4 a day.

Antispasmodic Potion:

℞ Valerian, . . . 8 grammes.
Make infusion in
Boiling water, . . 150 gr.
Filter and add
Distilled canella-water, . 60 grammes.
Sulphuric ether, . . 8 "
Simple syrup, . . . 40 "
A tablespoonful each hour.

2. Valerianate of Ammonium.

Pills:

℞ Valerianate of ammonium, 1 gramme.
Extract of valerian, . . 1 "
Powdered valerian, . q. s.
For 40 pills. Take from 20 to 25 a day.

Potion:

℞ Valerianate of ammonium, 1 gramme.
Syrup of mint, . . . 30 grammes.
Tilia-water, . . . 120 "
Two to 5 tablespoonfuls each day.

Lavement:

℞ Valerian-root, . . . 20 grammes.
Boiling water, . . . 300 "
Valerianate of ammonium, 0 gr. .50.

3. Valerianate of Atropine:

℞ Valerianate of atropine, . ½ to 1 milligr.
Simple syrup, . . . 25 grammes.
Tilia-water, . . . 120 "
One tablespoonful each hour.

4. Valerianate of Iron.

Tonic Pills:

℞ Valerianate of iron, . 1 gramme.
Extract of cinchona, . q. s.
For 20 pills; 2 to 10 a day.

Pills for Chorea:

℞ Valerianate of iron, . . 4 grammes.
Extract of cinchona, . q. s.
For 40 pills; 3 a day.

5. Valerianate of Cinchona.—This salt is administered with excellent results to combat neuralgia; it gives equally good results in typhoid fever with delirium.

Lavement:

℞ Valerianate of quinine, . 0 gr. .50 to 1 gr.
Hot water, . . . 150 grammes.

Pills:

℞ Valerianate of quinine, . 2 gr.
Extract of cinchona, . q. s.
For 20 pills.

Potion:

℞ Valerianate of quinine, . 0 gr. .50 to 1 gr.
Sweetened infusion of cascara, ... 125 grammes.
Tablespoonful at a dose.

Capsules:

℞ Valerianate of quinine, from 0 gr. .25 to 0 gr. .50 to each capsule.

In typhoid fever we give 1 gr. a day, divided into two doses.

6. Valerianate of Zinc.

Antispasmodic Pills:

℞ Valerianate of zinc, . 4 grammes.
Extract of cinchona, . 2 "
Subnitrate of bismuth, . 2 "
For 40 pills; 3 to 4 a day.

Powder:

℞ Valerianate of zinc, . . 0 gr. .05
Vanilla-sugar, . . . 1 gr.
For one dose; 1 to 4 a day.

—*Le Bulletin Médical; Times and Register.*

FOR DYSPEPSIA (DUJARDIN-BEAUMETZ).

℞ Maltine, ... 1 gramme.
Powdered bicarb. of soda, 1 "
Calcined magnesia, . 2 grammes.
Powdered white sugar, . 10 "
Mix with care, and divide into 20 parts; 1 part after each meal.—*Journal de Méd.; The Times and Register.*

FOR CARDIAC DROPSY.

℞ Digitalis, ... gr. xij.
Sennæ fol., ... ℥ss.
Aquæ bullientis, . . . ℥vj.
Fiat infusum et adde
Sodii iodid., . . . ℥ij.
Sodii phosphat., . . . ℥vj.
M. Sig.: Half ounce every three to six hours.—*Gerhard; The Times and Register.*

FOR DIARRHŒA.

℞ Tinct. opii camph.,
Tinct. lavandulæ comp., āā ʒj.
Sp. vini gall., . . . ʒij.

M. Sig.: Half ounce every three hours.—*Stubbs; The Times and Register.*

FOR THE PAROXYSMS OF ASTHMA.

℞ Potassii iodid., . . . ʒiiss.
Tinct. lobeliæ, . . . ʒiv ♏x.
Syr. sarsaparillæ co., q.s. ad ʒij.

M. Sig.: One drachm every two hours till relieved.—*Anders; ibid.*

SORBEFACIENT IN PLEURISY.

℞ Syr. ferri iodid., . . . ʒiiss.
Potassii iodid., . . . ʒj ℈j.
Syr. sarsaparillæ comp., . ʒj.
Aquæ, . . q. s. ad ʒij.

M. Sig.: One drachm four times daily, in water.—*Anders; ibid.*

ALTERATIVE FOR TERTIARY SYPHILIS.

℞ Potassii iodid., . . . ʒiiss.
Syr. acidi hydriodic., . . ʒj.
Aquæ destillat., . . . ʒiij.

M. Sig.: Two drachms thrice daily, in a wineglassful of rice-water (to detect free iodine).—*Gerhard; ibid.*

FOR ENLARGED PROSTATE WITH CYSTITIS.

℞ Ergotinæ,
Pil. hydrargyri pulv., āā ℈j.
Salolis, ... ʒiij.

M. et divide in partes æquales no. xx et in capsulas gelatinas dantur.

Sig.: Take one capsule thrice a day.—*Gerhard; ibid.*

FOR ACUTE PLEURISY.

℞ Ext. jaborandi fl., . . ʒj.
Sig.: Take at once, in a cup of hot water.

℞ Sodii citrat., . . . ʒij.
Sodii acetat., . . : ʒij.
Sodii salicylat., . . . ʒij.
Aquæ menthæ pip., q. s. ad fʒvj.

M. Sig.: Half ounce every two to four hours.

Hot flannels to chest, sprinkled with laudanum, and a towel pinned tightly around body; dry diet; rest in bed; flannel underclothing and night-dress.—*Waugh; ibid.*

FOR CONVULSIONS IN A CHLOROTIC WOMAN.

℞ Auri bromidi, . . . gr. j.
Arsenici bromidi, . . gr. j.
Ferri bromidi, . . . gr. xl.

M. et in pil. no. xx div.

Sig.: One after each meal.—*Waugh; ibid.*

REMEDIES FOR NASAL CATARRH.

Prof. Leffert's solution for nasal catarrh is as follows:—

℞ Acidi carbolici, . . . ℈j.
Sodii boratis, . . . ʒj.
Sodii bicarbonatis, . . ʒj.
Glycerini, ... ʒj.
Aquæ rosæ, . . . ʒj.
Aquæ, . . . ad ℥j.

M. Sig.: Use as a spray.

Of catarrhal snuffs the following are praised:

For Scrofulous Rhinitis:

℞ Sulphophenate of zinc, 20 centigrammes.
Tannate of zinc, . 2 grammes.
Pulverized tobacco, . 10 "
Salicylate of bismuth, 4 "
Iodol, . . . 3 " —M.

For Chronic Catarrhal Rhinitis:

℞ Pulverized alum, . 2 grammes.
Borax, . . . 2 "
Menthol, . . . 20 centigrammes.
Tannate of zinc, . 3 grammes.
Tannate of bismuth, . 3 "
Lycopodium, . . 8 " —M.

—*Pharmaceutical Era; Journ. Amer. Med. Asso.*

POMADE FOR PRURIGO.

℞ Boric acid,
White wax, . . āā 10 parts.
Paraffine, ... 20 "
Olive-oil, ... 60 "

—*Kaposi; ibid.*

TREATMENT OF GONORRHŒAL ARTHRITIS.

℞ Camphor, ... 100 grains.
Extract of opium, . . 75 "
Alcohol, ... 1 drachm.
Extract of belladonna, . 75 grains.

This is to be made into a cataplasm and applied over the part from ten to twelve hours, the joint being made immobile by proper dressings.—*Ibid.*

IRON, GLYCERIN, AND CHLORATE OF POTASSIUM MIXTURE.

℞ Tincture of chloride of iron, 30 minims.
Chlorate of potassium, . 1 dr.
Glycerin, ... ½ oz.
Water, sufficient to make 4 oz.

Dose for adults, a teaspoonful every two hours; children, twenty drops to half a teaspoonful, according to their age.—*Ibid.*

POMADE FOR FISSURE OF THE ANUS.

℞ Boric acid, ... 3 parts.
Chlorohydrate cocaine, . 1 part.
Lanolin, ... 30 parts.

To be used after thorough cauterization of the parts with silver nitrate.—*L'Union Médicale; Journ. Amer. Med. Asso.*

PODOPHYLLIN AND MERCURIC CHLORIDE IN DIARRHŒA.

Dr. H. A. Hare recommends the following prescriptions in the University Medical Magazine:—

℞ Resinæ podophylli, . . gr. j.
Alcohol, ... ℥j.

M. Sig.: One drop in a teaspoonful of water every five hours, for a child from 16 months to 2 years.

℞ Hydrarg. chlor. corros., . gr. ⅛.
Aq. destillat., . . . ℥ij.

M. Sig.: Teaspoonful every five hours.

FOR ENURESIS NOCTURNA.

℞ Ext. of belladonna sol., . gr. ij.
Aquæ puræ, . . . ℥ij.
Fiat sol. et adde
Extract. pichi, . . ℥j.
Syr. gaultheriæ, . . ℥vij.

M. Sig.: A teaspoonful noon and night for a child five or six years old, gradually increasing the dose, if necessary.—Dr. F. G. Stephenson, in *The Times and Register.*

DIET IN CHOLERA.

Hueppe recommends:—

℞ Vitelli ovi, . . . no. ij.
Sp. vini gall., . . . ℥j.
Syr. rhataniæ, . . ℥ss.
Aq. cinnamomi, . . ℥ss.

M. Sig.: Half ounce every half or quarter hour.—*The Times and Register.*

FORMULA FOR DIURETIN.

℞ Diuretin, ... gr. lxxv–℥ij.
Syrupi, ... ℥ij.
Aquæ menth., . . ℥iij.
Aquæ dest., . q.s. ad ℥vj.

M. S.: Half ounce every half to one hour.—*Ibid.*

CREASOTE IN THE TREATMENT OF DISEASES OF THE RESPIRATORY ORGANS.

For Inhalations:

℞ Creasote,
Chloroform,
Alcohol, . . . āā equal parts.

From 5 to 20 drops in atomizer; repeat these inhalations every three hours.

℞ Iodoform, . . . 21 grains.
Creasote, . . . 4 drops.
Oil of eucalyptus, . . 6 "
Chloroform, . . . 48 "
Alcohol,
Ether, . āā q. s. to make ½ oz.

Five to 20 drops in atomizer; to be used every three hours.

For Internal Use:

℞ Creasote, . . . 24 drops.
Glycerin, ... 1 ounce.
Syrup of orange-flower, . 1 "

One teaspoonful every three hours.

℞ Creasote,
Tincture of capsicum, āā 10 parts.
Mucilage of gum arabic, 15 "
Distilled water, . . 120 "

One teaspoonful, well diluted, at meal-time.—*Le Bulletin Médical; ibid.*

INJECTION FOR GONORRHŒA (BROU).

℞ Opium, ... 50 centigr.
Pulverized catechu, . 20 "
Saffron, ... 1 gr.
Boiling water, . . 200 "

Make infusion, filter, and add

Acetate of lead (crys.), . 1 gr. .50.
Sulphate of zinc (crys.), . 3 gr.

M. Sig.: For injections.

POMADE FOR ALOPECIA (MONIN).

℞ Gallic acid, . . . 3 grammes.
Essence of lavender, . 15 drops.
Vaseline, ... 40 grammes.
Castor-oil, . . . 20 "

M. Sig.: Apply with friction.—*Journal de Maladies Cutanées.*

ARISTOL IN GYNÆCOLOGY.

1. ℞ Aristol, ... 5 grammes.
Oil of vaseline, . . q. s.

Dissolve and add

Gum arabic,
Glycerin, . . āā q. s.

To make 5 crayons 3 centimetres long.

2. ℞ Aristol, ...50 to 1 gr.
Oil of cacao, . . . q. s.

For 10 vaginal suppositories.

3. ℞ Aristol,
Lard, ... āā 5 grammes.
Lanolin, ... 40 "

For pomade and ointment.—*Ibid.*

RESORCIN IN EPITHELIOMA OF THE FACE.

Dr. Mario Luciani reports 2 cases of "cutaneous epithelioma," in which he claims to have effected a complete cure by the application of an ointment containing resorcin. In 1 case the patient, a healthy woman aged 54, had had a small red nodule on the forehead for four years. It then began to grow larger, and became ulcerated, the ulcer having hard borders and a foul base, and being very painful. As the disease was spreading, and the patient would not hear of anything in the nature of a surgical operation, Dr. Luciani directed that an ointment composed of 30 grammes of resorcin to 100 grammes of vaseline should be applied once a day to the ulcerated surface after previous cleansing with a 2-per cent. watery solution of borax. In a month the ulcer assumed a healthy appearance, its edges softened, and the burning and shooting pain formerly complained of ceased. After three months' further continuance of the treatment the ulcer completely healed. The second patient was a woman, aged 60, who for about a year had noticed a small lump on her upper lip, near the corner of the mouth, on the right side. Ulceration took place, and the course of events was similar to that in the previous case. The same treatment was followed by an equally happy result. While Dr. Luciani is to be congratulated on his success, some doubt may, perhaps, in the absence of microscopic or other conclusive evidence, be expressed as to the true nature of the disease with which he had to deal.

OZONIZED COMPOUND.

Dr. Paul Gibier, in a paper read before the International Medical Congress held at Berlin in August, and published in the Medical News, October 25th, says:

I wish to call attention to a new oxygenated compound, or rather ozonized compound, which has been recently discovered and called "Glycozone" by Mr. Marchand.

This glycozone results from the reaction which takes place when glycerin is exposed to the action of ozone under pressure—1 volume of glycerin with 15 volumes of ozone produces glycozone.

By submitting the bacillus anthracis, pyocyaneous, prodigiosus, and megaterium to the action of glycozone, they were almost immediately destroyed.

I have observed that the action of glycozone upon the typhoid-fever bacillus and some other germs is much slower than the influence of peroxide of hydrogen.

In the dressing of wounds, ulcers, etc., the antiseptic influence of glycozone is rather slow if compared with that of peroxide of hydrogen, with which it may, however, be mixed at the time of using.

It has been demonstrated in Pasteur's laboratory that glycerin has no appreciable antiseptic influence upon the virus of hydrophobia; therefore, I mixed the virus of hydrophobia with glycerin, and at the expiration of several weeks all the animals which I inoculated with this mixture died with the symptoms of hydrophobia.

On the contrary, when glycerin has been combined with ozone to form glycozone, the compound destroys the hydrophobic virus almost instantaneously.

Two months ago a rabbit was inoculated with the hydrophobic virus, which had been submitted to the action of this new compound, and the animal is still alive.

I believe that the practitioner will meet with very satisfactory results with the use of peroxide of hydrogen for the following reasons:—

1. This chemical seems to have no injurious effect upon animal cells.

2. It has a very energetic destructive action upon vegetable cells—microbes.

3. It has no toxic properties; 5 cubic centimetres injected beneath the skin of a guinea-pig do not produce any serious result, and it is also harmless when given by the mouth.

As an immediate conclusion resulting from my experiments, my opinion is that peroxide of hydrogen should be used in the treatment of diseases caused by germs, if the microbian element is directly accessible; and it is particularly useful in the treatment of infectious diseases of the throat and mouth.

SALVE FOR HÆMORRHOIDS.

The following is an excellent salve for hæmorrhoids:—

℞	Muriate cocaine, . .	gr. xx.
	Morph. sulph., . . .	gr. v.
	Atropi. sulph., . . .	gr. iv.
	Pulv. tannin, . . .	gr. xx.
	Vaseline, ...	℥j.
	Ol. rosæ, ...	q. s.

M. Sig.: Apply after each evacuation of bowels. Of course, contents of bowels should be kept in soluble condition.—*Med. Mirror*, September, 1890.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Dec., 1890.

SOME NEW METHODS IN WHOOPING-COUGH.

PERTUSSIS is such a protracted and intractable affection, is accompanied by so much distress to the patient and parents, and, not infrequently, by dangerous complications, that professional attention has long been on the alert, ready and anxious to utilize any remedy which should prove itself more efficacious than those hitherto employed. We sometimes hear ourselves accused by the laity of "trying experiments" upon our patients. Surely here is one disease which amply justifies properly-conducted clinical experiments. We find brought together, in a recent issue of a valued contemporary,* a number of reports regarding the efficacy of new remedies or methods in whooping-cough.

In addition to the bronchial catarrh usually present, and the thoracic complications, such as capillary bronchitis or pneumonia, which may result from extension, other less frequent complications or sequelæ are from time to time announced. Upwards of a year ago† we published in this journal an abstract of a paper by Dr. Stephano Mircoli, relating to the occurrence of nephritis as a consequence of whooping-cough. More lately, Dr. Troitski has described a number of cases characterized by grave disorders of the nervous system. After several paroxysms of cough, a 2-year-old girl was seized with blindness, spasm of the ocular muscles, contraction of the flexors of the arm, quiet delirium, extremely dilated pupil, and Cheyne-Stokes respiration. Upon another occasion there were unconsciousness, with clonic spasm of the facial muscles, fixed eyes, and dilated pupils, with subsequent development of a general eclampsia, which lasted for an hour and a half. A boy, 3½ years old, was affected with severe headache and disturbance of thought and speech. A 7-month-old child in the fifth week of the disease suffered from two convulsions, and in the sixth week, after a paroxysm of coughing, was seized with a complete paralysis of the right arm.

Dr. Garota Cachazo, starting from the observation that if a whooping-cough patient be attacked by small-pox the convulsive cough disappears, proposes vaccination as a curative measure. He details the history of 5 cases in which he was able to carry his suggestion into effect. In four of these the suffocative paroxysms, vomiting, and bleeding were very severe. As soon, however, as the constitutional reaction due to vaccination made its appearance, the cough lost its paroxysmal form and assumed a catarrhal character, until it altogether disappeared in the course of eight or ten days. During the eight or ten days in which the system was under the influence of the vaccine virus, a 1-per-cent. solution of carbolic acid was also used for ten or fifteen minutes at a time in the form of a spray. This process was repeated six times a day, and importance is attributed to it by the reporter, who accepts the fungus described by Letzerich as the cause of the malady.

Dr. Hugo Löwenthal, first assistant in the clinic of Professor Senator, publishes the results of a bromoform treatment. His cases were 100 in number, including 45 boys and 55 girls. This writer ascribes a very favorable and almost specific virtue to the remedy, in whatever stage of the disease it may be employed. The youngest of the patients was 8 weeks and the eldest 7 years of age. From 2 to 5 drops, according to the child's age, were given 3 or 4 times daily in a teaspoonful of water. In a child of 1 year or less, the dose was from 2 to 4 drops; from 2 to 4 years, 3 to 4 drops; while between 4 and 8 years, 4 or 5 drops were given. The favorable effect of the bromoform was in some cases perceived as early as the second day, while in others it did not appear until the third or fourth day. The most severe cases were perceptibly benefited within eight days. The paroxysms were diminished, the vomiting disappeared during the

* Deutsche Medizinal-Zeitung, September 1, 1890.
† Medical Bulletin, November, 1889, p. 356.

first week, and the bleeding from nose and mouth within three to five days. The bronchitic râles began to disappear within a few days and expectoration decreased. The course of the affection was considerably abridged so that by the second to the fourth week the little patients might be considered well. Four cases were complicated with pneumonia, but all recovered. Relapse occurred in 1 case, in which the bromoform was too soon abandoned. In a few cases languor and sleepiness followed each dose. In only 1 case did any markedly deleterious effects appear, such as slow respiration, scarcely perceptible pulse, contracted pupils, weakness of the limbs and of the heart.

F. Schilling, of Nürnberg, has during the last year and a half employed chloroform inhalations with very satisfactory results in 62 cases of whooping-cough. The anæsthetic was administered by an apparatus in which it was volatilized by means of hot water. At first 2 drops were given for every year of the child's age, and the vapor inhaled 4 times daily. If no improvement took place within eight days, the number of drops was increased to 3 for each year of age. The quantity of chloroform was dropped into the receiver, together with a tablespoonful of warm water, and each *séance* continued until all the fluid was vaporized. After about eight days the paroxysms became shorter and less severe, and in one-half of the cases at the end of the second week the paroxysmal passed into the catarrhal stage. No harmful effects were observed.

Dr. Baltasar Hernandez Briz gives an account of 4 cases which he treated by means of inhalations of hydrofluoric acid. A 6-year-old boy was in a pitiable condition, having more than 30 paroxysms a day, vomiting nearly all his food, bleeding from the nose and mouth, and suffering from ulcerative stomatitis. This child, after the first inhalation, which lasted ten minutes, coughed less during the succeeding night. Two days later a second inhalation further relieved the symptoms, and, after a third inhalation, at the expiration of another period of two days, the improvement is said to have been surprising. A fourth *séance* abolished the paroxysms, and nothing remained but a slight bronchial catarrh.

A second and third case were effectively relieved after five and four inhalations respectively. Dr. Cisneros, of the Madrid Hospital, obtained equally good results from the same method, but remarks that the number of inhalations should not exceed three or four, as otherwise the pneumogastric nerve is too strongly excited and the paroxysms recur. For the same reason the procedure should be repeated only every other day.

Terpin hydrate, recommended in 1885 by Lepine as an expectorant in bronchial catarrh, and introduced into German practice about two years ago by Dr. Lazarus, is another substance lately made use of in whooping-cough. The latter authority believes that the best results are secured by giving the substance in large doses. He has never witnessed any evil consequences from daily doses of 20 to 30 grains. Especial indications for its use, he states, are irritative conditions of the bronchial mucous membrane with very scanty and tenacious secretion, as in chronic catarrh of the emphysematous or tuberculous. Its action is to increase and liquefy the secretion and diminish the irritation. Encouraged by its efficiency in the condition mentioned, it was employed in 41 cases of pertussis, which were closely observed and reported by Wilhelm Manasse; 1½ grammes (23 grains) were given to children without any ill effects as regards the kidneys or alimentary canal. In doses of 1 to 3 grammes daily (15 to 45 grains), according to age, the severity of the convulsive attacks was notably moderated. There was no fatal case. The author regards the explanation of its worth to lie in its favorable influence upon the bronchial catarrh.

Dr. William Gemmel, of Glasgow, has published in the British Medical Journal the result of his experience with ouabaine in whooping-cough. This is a substance but lately introduced. An abstract was given in this journal* of the investigations of M. Gley, particularly with respect to the local anæsthesia produced by ouabaine and strophanthine. Ouabaine is an alkaloid derived from an apocynum, the juice of which is used as an arrow-poison by the Somalis of the eastern coast of Africa. It is obtained by crystallization from a watery extract of the root. It is a transpa-

* Medical Bulletin, March, 1890, p. 92.

rent, white, crystalline powder, slightly bitter, soluble with difficulty in cold water, but readily soluble in hot water, insoluble in chloroform and ether, etc. With this substance Gemmel treated 49 cases of pertussis. Twenty-five were cured, 4 died, and the remaining cases were still under observation at the date of the report. The 4 fatal cases were due to diphtheria, tubercular meningitis, acute capillary bronchitis, and progressive emaciation. He found the drug, when cautiously employed, to be of notable benefit in all stages of whooping-cough. It is destitute of cumulative action. In an uncomplicated case it reduces the pulse, temperature, and respiration a little below the normal. Ouabaine increases the activity of the skin. The bowels are unaffected. The excretion of urine is slightly increased. The appetite was improved, and the general condition considerably bettered. Sleep was sound while ouabaine was being administered.

Dr. Cesare Musotti has reported several cases in which a very happy effect was produced by inhalations by means of a spray apparatus of a 10-per-cent. bromide of potassium solution, together with a 6-per cent. solution of benzoate of sodium solution. The paroxysmal cough was very rapidly relieved.

CANCER OF THE BRONCHIAL TUBES AND LUNGS.

THIS was the subject* of an exceedingly valuable address delivered by Professor Ebstein, of Göttingen, at the last meeting of the German Naturalists and Physicians, and published in our esteemed exchange, the Deutsche Medicinische Wochenschrift for October 16, 1890. His recent observation of 2 cases of primary bronchial cancer was taken by the speaker as a basis for a comprehensive study of the symptomatology and diagnosis of intra-thoracic malignant disease of primary development. He begins with a consideration of the malady as affecting the bronchi, since, in the opinion of anatomists, a great many cases of so-called primary cancer of the lungs are consecutive to bronchial carcinoma, just as primary cancer of the liver often has its point of departure in the biliary passages.

Pulmonary carcinoma may be divided into two classes: (1) in which the disease is limited entirely, or nearly so, to the bronchi; (2) in which a large portion of the parenchyma of the lung is involved, though the process may have originated in the tubes. When the disease does not extend beyond the bronchial wall, or, at least, involves but a small area of lung tissue or intra-thoracic lymph-glands, which are not accessible to direct examination, the symptoms may be so ambiguous that a diagnosis during life is scarcely possible. Such a case was the first of the two described. A corpulent man of 67, in whose family a number of deaths had occurred from cancer, but who had usually enjoyed good health, was attacked in 1884 or 1885 by symptoms denotive of weak heart. Œdema of the ankles occasionally appeared. But these symptoms passed away, and during 1886 and 1887 he seemed to have regained health. In the succeeding year physical exhaustion and mental apathy developed, the cardiac depression recurred, with rheumatoid pains in the hips, loins, and sides. Bronchial symptoms were absent till toward the close of the year, when he became subject to a harassing cough, with slight expectoration and extreme dyspnœa. Three months later there was temporary glycosuria. On the 20th of March, 1889, the patient suddenly died. The ante mortem diagnosis had been: weakened heart-muscle, with dilatation; emphysema of the lungs and bronchitis; effusion into the right pleural cavity and slight œdema of the ankles. The necropsy revealed a considerable atheromatous degeneration of the aorta, with a cancer arising from one of the smaller bronchi of the right lower lobe. The entire wall of the tube, including its mucous membrane, was the seat of a cylindroma. Both lungs, but especially the right, exhibited fine infiltration, occupying the peribronchial as well as the peri-vascular lymph-spaces. Flat tumor-masses were scattered over the superficies of both lungs, but more numerously upon the right side. The lungs were everywhere pervious to air. The lymph-glands at the root of each lung, the lower tracheal and retro-peritoneal glands, were cancerous.

* Zur lehre vom Krebs der Bronchien und der Lungen. Etwas weitere Ausführung eines am 16 September, 1890, in der medicinischen Abtheilung der 63 Versammlung deutscher Naturforscher und Aertzte (Bremen, 1890) gehaltenen Vortrags.

No malignant formations were found elsewhere in the body.

In such a condition the diagnosis, during life, of bronchial cancer is almost impossible. No symptom had pointed to a chronic and severe disease of the respiratory apparatus. A marked localization of the catarrh had seemed to be connected with an old pneumonia. The symptoms referable to the vascular system had been present for some years, and had, for a certain time, disappeared. Not a single manifestation had suggested the presence of cancer, much less cancer of a bronchus.

Professor Ebstein had, consequently, no reason to reproach himself for not having diagnosticated the preceding case. In his second, however, he would have regarded himself at fault had he not recognized the ailment. The patient, a man aged 54, died three weeks after being brought to the clinic. He had presumably been healthy until, a few months previously, he had, in lifting a heavy weight, received an injury upon the lower part of the left breast. The pain, at first local, afterward spread to the back and the right breast. When first examined, he suffered pain in the left arm when he attempted to raise himself in bed. Dullness was found at the lower part of the left lung posteriorly. At this place a soft respiratory murmur, with clear and sometimes tinkling râles, was heard. The surfaces of neighboring ribs were uneven in several places. The ribs of the opposite side were likewise uneven in corresponding positions. The bones were painful upon pressure. In no other situation was a tumor detected. An exploratory puncture at the base of the left lung behind yielded a negative result. There was no cough or expectoration.

During the first week of his stay at the hospital his temperature was about 100° F., subsequently it fell a little below normal, but during the last two days of life it rose again to 101° F. Three days before death there suddenly appeared an incomplete paralysis of the right levator palpebræ superioris, with hippus and contraction of the pupil of the same side. No other paralysis was manifested. A few days before death an uneven tumor the size of a pigeon's egg was discovered upon the fifth rib of the right side. The swelling was hard and very painful to pressure. Some days before death a stupor developed and gradually deepened into coma. The post-mortem diagnosis was as follows: Primary bronchial cancer at the root of the (left) lung, constrictions and dilatations of the peripheral stems of the left lower lobe. The lymphatic vessels, arteries, and veins of the same lobe were involved. Secondary tumors were found in numerous lymphatic glands and bones, in the brain, upon the pleura, in the liver, gall-bladder, kidneys, supra-renal capsules, pancreas, and peritoneum.

Although in the foregoing case an ante-mortem diagnosis had been made of primary cancer of the left lower lobe, with secondary cancer of the ribs, yet the suspicion arose that the primary seat might be in one of the abdominal viscera; for abdominal carcinoma, especially of the stomach, may infect the lymphatic system of the thorax and give rise to a cancerous lymphangitis. But the development of symptoms pointed to primary disease of the chest, and this belief was confirmed by the fact that the tumor of the pancreas and of the bones were of the same cylindrical variety as that of the bronchus.

A cancer not infrequently appears subsequent to an injury. We may agree with Georgi, who reported a similar case from Kussmaul's clinic, that though the neoplasm may not be the direct effect of the trauma, yet the changes induced by an accident may prepare an excellent ground for the development of a malignant new formation. Chimney-sweeps' cancer, and the cancer which attacks those employed in paraffin-works, may serve as examples. Cancer of the stomach may take its origin from the scar of an ulcer. As an illustration of the influence of trauma upon the lungs, the speaker referred to the so-called Schneeberger cancer. According to W. Hesse and E. Wagner, cancer of the lung is the cause of three-fourths of all the deaths among the workmen in the cobalt-mines of Schneeberg. The ore contains cobalt and nickel, together with a small proportion of arsenic and sulphur.

It is evident that bronchial cancer may exist without giving rise to characteristic symptoms. Furthermore, the parenchyma of the lung may become involved and still no manifestations

point unmistakably to cancer. The respiratory disorders occasioned by cancer may result equally from other lesions; as, for instance, to the catarrh or the bronchiectasis. In comparatively few cases has the character of the expectoration been useful in determining the diagnosis. It is often indistinguishable from that of bronchitis. Nor can we place any dependence upon an admixture of blood in the sputum. Other affections—phthisis, for instance—may be accompanied by an expectoration variously stained by reason of the alterations which the coloring matter of the blood has undergone. A grass-green sputum has been observed in pulmonary cancer, but is not a characteristic sign, since it may occur in other affections. The recognition of a tumor is a capital point, but such recognition has seldom been aided by examination of the matter expectorated. Hampeln, of Riga, however, was able, through the presence of certain cell forms in the sputum, to diagnosticate cancer five months before the death of the patient. The sign is important doubtless, yet it can only be interpreted by close study, for polymorphism is generally absent, and the cells are usually of the cylindrical form. But Traube has demonstrated that groups of epithelial cells of cylindrical type are present in the sputum from tubercular cavities. When the bronchial wall is the sole site of disease no information can be gained by puncture.

The bulk of pulmonary cancer has generally caused the slight primary localization in a bronchus to be overlooked. Jaccoud has distinguished two forms of carcinoma of the lung, one of which he entitles cancer *en masse*, the other diffused or disseminated lung-cancer. In the latter isolated growths are scattered through the organ, and it is this variety which is usually secondary to abdominal carcinoma. It is likewise very difficult to recognize on account of the isolation of its lesions and from the fact that it is overshadowed by the symptoms due to the primary tumor. But cancer *en masse* may involve a lobe or even an entire lung, and nearly always gives rise to symptoms of compression, whereas disseminated cancer seldom occasions compression. Pressure symptoms relate to the large intrathoracic vessels, especially the lower tracheal veins, the larger bronchi, the left recurrent nerve, œsophagus, etc. Cancer *en masse* causes altered physical signs. These deviations do not point directly to the nature of the disease, but carefully considered in connection with the clinical history they aid in forming the diagnosis. Woillez lays great stress upon thoracic tympanites. A tympanitic sound sometimes results from the volume of air contained in a portion of lung overlying or in the neighborhood of the tumor, the lung having lost its elasticity and remaining distended. It is impossible, from physical signs alone, to distinguish cancer from tuberculosis, and, in fact, both may co-exist. The age of the patient usually assists us in forming an opinion. Sometimes, however, the disease develops in middle life, while Nuscheler has seen cancer of the lung in a child of 7 years, and MacAldowie in a babe aged only 5½ months.

Implicit reliance may not be placed upon enlargement of the subclavicular, axillary, or cervical glands, for, on the one hand, they may not be involved, and, on the other, the swelling may be due to tuberculosis.

In addition to the local manifestations Professor Ebstein considers two general symptoms of cancer, viz., cachexia and fever. Elevation of temperature may be the result of a complication, as bronchitis, pleurisy, or pneumonia. Hampeln, however, has described an intermittent cancer-fever which depends solely upon the presence of the morbid growth. The significance of fever needs to be very carefully weighed, since it is commonly indicative of tuberculosis. Nor is the absence of cachexia a conclusive argument against the existence of cancer; for cachexia does not manifest itself at an early stage of the disease. A mammary cancer of considerable size is not infrequently seen in a woman who exhibits no trace of cachexia. The same may be the case in pulmonary cancer. Rapid emaciation and loss of strength may suggest the existence of a malignant growth. In conclusion, the only direct evidence of bronchial or pulmonary cancer consists in the examination of the sputum or particles of the tumor withdrawn by puncture. In general, the diagnosis must depend upon a most painstaking examination and comparison of physical signs and clinical history.

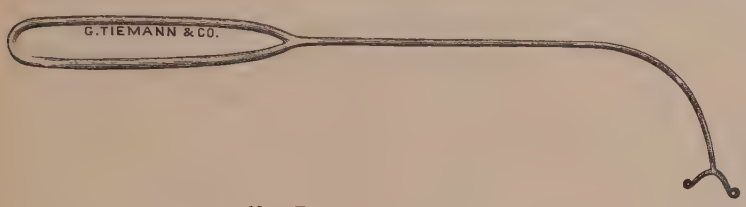
NEW INVENTIONS.

A NEW EPIGLOTTIC RETRACTOR.

By Dr. J. MOUNT BLEYER,
of New York City.

Demonstrated before the German Medical Association of New York, October, 1890.

While busy several years ago in testing my tongue-tractor for the purpose of forced laryngoscopy in children, and studying the action of the muscles, ligaments of the tongue, and epiglottis, I found that if a firm pressure was made with the leaf-like projection of this instrument upon the glosso-epiglottic ligament, a tension was produced, and thereby the epiglottis raised and retracted against the base of the tongue. This knowledge led me to construct the epiglottic retractor, of which the illustration herein is a fac-simile. It needs no further description than the one of its application.



New Epiglottic Retractor.

Often patients are presented to us with an epiglottis, either misshapen, pendulous, etc., thereby obstructing our view of the interior of the larynx and making the diagnosis difficult. In order to retract the epiglottis, a 10-per-cent. solution of cocaine is necessary to avoid reflex action of the muscles. The patient is instructed to hold his own tongue firmly by its end. The retractor, under the guidance of a laryngeal mirror, is passed upon the glosso-epiglottic ligament; direct pressure is then made upon it; at the same time the direction of this pressure is against the base of the tongue. The epiglottis is then seen immediately raised and retracted against the base of the tongue, giving thereby a thorough view of the interior of the larynx. Some practice is necessary, as with all instruments for intra-laryngeal work.

This instrument, no doubt, will find its way into the already large armamentarium of the laryngologist. It is manufactured by the well-known firm of George Tiemann & Co., 83 Second Avenue, New York City.

NEW DERMIC KNIFE.

I desire to direct attention to an instrument lately devised by me, and which, I hope, will supply a want recognized by those interested in the treatment of cutaneous diseases.

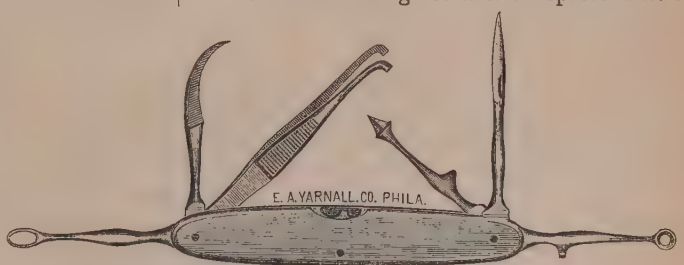
The combination contains six instruments. At one extremity there is a curette, curved bistoury, and pair of epilating forceps. The other a Kaposi acne lance, comedo extractor and dermatome.

The knife, in shape and size, resembles an ordinary pocket penknife, which permits it to be readily carried. It is constructed of a German-silver, nickle-plated handle, giving it a neat and elegant appearance, and thus easily sterilized without injury to component parts.

In length it measures 3¾ inches, ½ inch at greatest breadth, and weighs 1½ ounces.

It is, therefore, portable and compact. The blades and instruments it contains are made of the best steel, and are durable.

The illustration gives a fair representation of my dermic knife, of which Mr. Yarnell, of Philadelphia, is the manufacturer.



New Dermic Knife.

W. McMurray, M.D., 2 Lyons Terrace, Liverpool Street, Sydney.

MEDICAL NEWS AND MISCELLANY.

DYSENTERY and diphtheria prevail at Stroudsburg.

DIABETES IN CHILDREN.—Stern has collected 117 cases, and believes the disease is not rare in early life.—*Albany Medical Annals.*

THE CHOLERA AT MASSOWAH.—Advices have been received from Suakim confirming the report of the prevalence of cholera at Massowah. In consequence of this, and notwithstanding the protests of the Indian traders, the traffic between Massowah and Suakim has been absolutely closed.

DR. BROADBENT, in British Medical Journal, gives the following points in his diagnosis of a weak medical man, viz.: Indiscriminate administration of stimulants in fever; ready resort to narcotics and sedatives; treatment directed to symptoms only; and a fondness for new drugs with high-sounding names.—*Amer. Lancet.*

PARIS PASTEUR INSTITUTE.—During the month of May, 146 persons were treated at the Pasteur Institute in Paris. Thirty-seven of these were bitten by animals in whom rabies was experimentally determined, 91 by animals whose condition was certified by a veterinarian, and 18 bitten by animals suspected to be rabid.—*Journal of the American Medical Association.*

IN some hospitals in Europe it is customary to allow visitors to converse on certain days by means of a telephone in a waiting-room with patients in the wards, and this arrangement has been found to work admirably, as it not infrequently happens that the nervous state of the patient or the possibility of infection of the visitor renders closer communication inadvisable.

THERE is a curious plant, called the "barber" plant, in the botanical gardens at Washington. The leaves are used in some parts of the East by rubbing on the face to prevent the beard from growing. It is not supposed to have any effect on the beard already rooted, but merely to act as a preventive. It is also employed by some Oriental people who desire to keep parts of their head free from hair, as a matter of fashion.

BISMUTH SALTS AND THE ODOR OF GARLIC.—The cause of the odor of garlic, occasionally communicated to the breath of patients who are taking preparations of bismuth, is said to be the presence of the metal tellurium as an impurity. The fact that tellurium gives this odor to the breath was first noticed by Sir James Simpson, who, when making trials of the salts of cerium, also experimented upon tellurium. He reports a case of a divinity student who inadvertently got a dose of tellurium, which was followed by the evolution of such a persistent odor of garlic that for the remainder of the session the patient had to sit apart from his fellows. That specimens of bismuth preparations which caused this peculiar odor of breath contained tellurium was established in 1875. The British Pharmacopœia guards against this impurity by giving a special test for its detection in bismuthum purificatum.—*British Med. Journal; Indiana Med. Journal.*

THE IMPORT OF DIFFERENCES IN THE PULSES.—A difference in the radial pulses in a patient was long thought to be indicative of the existence of an aneurism of the aorta, or of one of the great vessels coming from it, but recent observations have shown that although the characters of the pulse, which have been regarded as pathognomonic of aneurisms, are not due to aneurisms *per se*, in that they may not only be present without a concomitant aneurism, but may be absent when that condition exists. According to Ziemssen, the phenomena are due to a narrowing of the artery—innominate or subclavian, as the case may be—and while it may occur in aneurism, as the result of pressure, for example, it is most frequently the result of arteritis deformans, an atheromatous condition of arteries which often causes narrowing of the vessel. Ziemssen mentions 8 cases in which the pulse tracing had given rise to the suspicion of aneurism, but in which post-mortem examination revealed exclusively arterial lesions of this nature. Inasmuch as arterio-sclerosis of the aorta is much more common than aneurism, the subject is of importance in prognosis as well as in diagnosis, and should receive special attention.—*Hospital Gazette.*

MALIGNANT ENDOCARDITIS IN A CHLOROTIC SUBJECT.—At a recent meeting of the Paris Clinical Society, Dr. Girode related a case of malignant endocarditis occurring in a young woman the subject of chlorosis (La France Med., No. 22). There was no rheumatic history, and, indeed, beyond some functional nervous affections, nothing occurred in the case to give rise to anxiety until, four days before she was admitted to the Beaujon Hospital, she was attacked with embolic hemiplegia and hemianæsthesia; the right radial artery also became blocked. Death, which was preceded by rise of temperature, occurred about three weeks after the attack. Extensive cerebral softening of the right hemisphere, due to embolism, existed. There was vegetative endocarditis of the aortic and mitral valves, foci of suppuration in the myocardium, and patches of endarteritis in the aorta. The source of the malignant endocarditis was obscure; there was no gastric ulcer, uterine or cutaneous

affection, which might have given entrance to micro-organisms. Dr. Girode attributed much to the fact that the patient, while of weak general health, had for three weeks before her illness come to Paris to take a situation in domestic service, and he thinks this change to comparatively unhealthy surroundings had been very detrimental.—*London Lancet; American Pract. and News.*

Secretion of Blood Instead of Milk.—Dr. Habergritz reports a case of the secretion of blood in the breasts. The patient was a young married woman who, when she had been pregnant with her first child about six months, consulted Dr. Habergritz as to whether the fœtus was alive. He noticed some blood stains on her linen in the neighborhood of the breasts, and on examination found that drops of pure blood could be expressed. The patient said that the bleeding had begun when she was five months pregnant, and she did not know that it was an unusual occurrence, and, therefore, had not mentioned it. During the rest of the pregnancy the phenomenon continued, and the patient suffered besides from two or three attacks of epistaxis. Two days before labor came on the bleeding ceased, but it re-appeared in increased amount the day after. The patient was very anxious to nurse the child, but as it drew nothing but blood this had to be put a stop to. On the seventh day the color of the secretion began to change, and by the eighth it had all the characters of ordinary colostrum. The child was then allowed to take the breast, and nothing further abnormal was observed. It should be mentioned that the woman was perfectly healthy; there were no traces of gout, hæmorrhoids, cancer, or of hæmorrhagic diathesis.—*The Lancet; Med. Record.*

The Reception Given by Dr. Alice Bennett.—This was an unusually pleasant, and, in some respects, novel, social entertainment, given by Dr. Bennett, Chief Resident Physician of the Woman's Department of the State Hospital for the Insane, Norristown, to the Montgomery County Medical Society, of which she has recently been elected President. The guests on their arrival were received by Dr. Bennett, who was assisted by Mrs. J. K. Weaver, Norristown; Mrs. Samuel Sausser, Philadelphia; Miss Whiting, Bryn Mawr; and Dr. Mabel Moore, Norristown. The reception took place in Dr. Bennett's apartments, in the main building, which were prettily decorated with palms and other tropical plants. Ushers were in attendance to take the guests through the wards of the hospital, and also to the refectory to see the patients at their supper. The regular weekly ball of the inmates was also witnessed by many of the guests later in the evening, who expressed their delight at the efforts made for the amusement and occupation of all confined within the hospital.

The following members of the Society were present: Dr. E. M. Corson, Treasurer; Dr. H. H. Whitcomb, Secretary; Drs. H. H. Drake, J. R. Umstead, C. Z. Weber, J. K. Weaver, John D. Weaver, E. N. Johnston, Charles Bradley, L. W. Read, Mabel N. Moore, Emma Richards, J. O. Knipe, J. C. Knipe, S. N. Wiley, C. H. Mann, of Norristown; Drs. George N. Highley, D. R. Beaver, William McKensie, of Conshohocken; Dr. Herbert Arnold, Ardmore; Drs. William Savery, Griffith Abbott, of Bryn Mawr; Dr. Joseph Anderson, Ardmore; Dr. J. B. Carrell, Hatboro; R. L. Cooper, of Jenkintown; Drs. C. B. Hough, D. W. Shelley, of Ambler; Dr. J. P. Hilligas, Pennsburg; Dr. J. C. Spear, Norristown.

Among the guests were: Dr. Alexander Craig, President State Medical Society; Dr. T. Green, Easton; Dr. Leidy, Philadelphia; Dr. Thomas Morton, Mr. and Mrs. Robert R. Corson, Philadelphia; Mr. and Mrs. Thomas Hovenden, Mrs. Samuel Sausser, Miss Whiting, Bryn Mawr College; Dr. E. E. Montgomery, Dr. F. W. Thomas, Dr. A. F. Müller, Dr. Michael O'Hara, Dr. L. Flick, Dr. Charles Hermon Thomas, Dr. Harrison Allen, Dr. and Mrs. John Marshall, Dr. J. B. Chapin, James J. Levick, Dr. William H. Burk, Dr. Robert N. Keeley, Dr. G. G. Milligan, Dr. Charles S. Dolley, Dr. Amy S. Barton, Dr. Amelie Gilmore, Dr. Charles Walter, Dr. S. D. Risley, Dr. J. B. Roberts, Dr. Marie Werner, Dr. Griffith E. Abbott, Bryn Mawr; Dr. Seneca Egbert, Dr. Emma Musson, Dr. Charles Turnbull, Dr. Eliza Bundy, Dr. Marie Formad, Dr. B. K. Johnson, Dr. Homer Bloom, Dr. George Woodland.

Of the hospital trustees and staff: John Slingluff, Hon. C. H. Stinson, Dr. R. H. Chase, Dr. and Miss Sykes, Dr. Susan Taber, Dr. Lilian Welsh.

The enlightened efforts of Dr. Bennett in behalf of the insane are well known and highly appreciated, Her colleagues of the Montgomery County Medical Society have honored themselves in bestowing upon her the highest office in their gift.

Arsenic in Wall-Papers.—The British Medical Journal reports a simple and easily-applied test of arsenic in wall-papers, devised by F. F. Grenstted, as follows: Turn down an ordinary gas-jet to a point until the flame is wholly blue. When this has been done, a strip of the paper suspected to contain arsenic is cut $\frac{1}{16}$ inch wide and 1 or 2 inches long. Directly the edge of this paper is brought into contact with the outer edge of the gas-flame a gray coloration, due to arsenic, will be seen in the flame (test No. 1). The paper is burned a little, and the fumes that are given off will be found to have a

strong, garlic-like odor, due to the vapor of arsenic acid (test No. 2). Take the paper away from the flame and look at the charred end ; the carbon will be colored a bronze-red. This is a copper reduced by the carbon (test No. 3). Being now away from the flame, in a fine state of division, the copper is slightly oxidized by the air, and on placing the charred end, a second time, not too far into the flame, the flame will now be colored green by copper (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic ; for copper arseniate is commonly used in preparing wall-papers. The first and second tests would be yielded by a paper containing arsenic in considerable quantities.—*Montreal Med. Journ.*

Accident During an Operation for Cataract.—Dr. Jose Ramos, City of Mexico, reports a curious complication, occurring in his practice, during a cataract operation. The eye had been anæsthetized with cocaine and the patient placed in position; when, just as the doctor had passed a von Graefe knife into the anterior chamber, the patient made a sudden movement, lifting the head in such a way that the knife forced the opaque lens backward and upward so far that only a small segment of the lower border was visible below the iris, in such a situation that it was absolutely impossible to extract it with the spoon. It then occurred to the operator that the sense of feeling of the patient himself might cause the lens to descend far enough to facilitate its extraction. He soon had the pleasure of seeing the lens descend little by little, and as soon as it was sufficiently low he had the patient lie down again with the intention of grasping the loose lens with a cataract-hook, but, being loose, it was impossible to make any traction with this instrument. He then introduced the small spoon behind the floating lens, making pressure in such a manner that the inferior border of the lens presented at the corneal wound, from which he succeeded in extracting it.

He does not say if there was any loss of vitreous humor, but we infer that there was none, and that result was all that could have been wished for, notwithstanding the accident.

He reports the case because he had never heard of a similar one.—*Memphis Medical Monthly.*

Hereditary Chorea in Adults.—Dr. Bernatski reports in a Polish medical journal a case occurring in the Warsaw University Clinic, of the so-called "Huntington's chorea," or chronic hereditary St. Vitus' dance in adults. According to the accounts given of it in medical literature, it is an extremely rare affection, appearing in adults, and being complicated with mental disturbance. It is hereditary, whole families being affected by it. Irregular inco-ordinate movements appear first in the facial muscles, and afterward spread to those of the upper extremities and of the trunk. These movements become arrested or diminished during voluntary movements, this constituting, according to Landois, a pathognomonic symptom distinguishing the affection from St. Vitus' dance as described by Sydenham. The majority of authors who mention the disease describe it as incurable. Dr. Bernatski's patient was a man of 48 years of age, a shoemaker by trade, who, when admitted, had been suffering from choreic movements for five years. His mother and his maternal grandfather had been similarly affected. The movements occurred in the head, face, the upper extremities, and in the trunk. At first bromide of potassium was prescribed to the amount of 62 grains per diem. This, however, was quite useless, the movements continuing as before. Liquor arsenicalis—that is, of course, the Russian one, which is stronger than that in the British Pharmacopœia, in the ratio of 6 to 5—was then ordered. Six drops per diem were given at first, being gradually increased until 10 drops daily were taken. After four days of this treatment there was some perceptible improvement, and by the eleventh or twelfth day the involuntary movements had very nearly ceased, the fingers only showing signs of them. It would, therefore, appear that arsenic is indicated in this disease, and affords some hope of cure. The patient referred to left the hospital, and was not seen again.—*Amer. Pract. and News.*

Mental Disorders After Eye Operations.—Dr. Frankl (Brit. Med. Journ.) details as to psychical disorders occurring after operations on the eye. The communication is based on cases in Professor Meynert's clinic in the Vienna General Hospital.

It has been known since the time of Dupuytren and Esquirol that psychical disturbance may follow operations on the eye ; the fact had also been noticed by Sichel, Schnabel, Schmid-Rimpler, and others. Dr. Frankl has dealt with 32 cases, which he divides into four classes. The first comprised 15 patients between the thirtieth and ninetieth year of age. The psychical disorder had the character of "hallucinatory confusion" in the sense of Meynert ; aural and visual hallucinations of a terrifying nature formed the chief features of the delirium. The second class comprized 7 patients of alcoholic antecedents. The third class comprised 7 aged individuals in whom simple confusion and dementia, without hallucinations, followed operations on the eye. Finally, there were 3 patients in whom operation was followed by other somatic conditions, which led to a fatal issue.

During these affections inanition and delirium were observed. The operations were chiefly for cataract. Mental disturbance was, however, also noted after iridectomy, operations for squint, and enucleation of the eyeball. The prognosis of the psychosis was not always favorable; it might last for months and years, and frequently ended in dementia. These cases might, perhaps, be reckoned among those in which mental derangements followed surgical operations in general. They were, however, proportionately so frequent after operations on the eye that other causes had to be sought for.

The following points had to be taken into account:—

1. The numerous nerve-tracks connecting the eye with the brain; lesions of the eye also occasionally produced psychical affections.

2. The irritation of the sensory organs might also be reckoned among the causes of madness.

3. The predisposition created by the depression caused by blindness. Dr. Frankl cited cases in which mental disturbances occurred during the time blindness was coming on and recovery following operation.

4. The advanced age at which operations for cataract were frequently performed. This was, however, only true of a certain number of cases, as psychical diseases after eye operations were also noted in young persons.

5. The influence of the darkness cure was also very important, as darkness had a depressing influence, and there were individuals who became affected with hallucinations on mere closure of the eye. Dr. Schmid-Rimpler had seen cases of mental disturbance from shutting out the light without any operation. Psychical affections followed operations which did not require the darkness cure, but it was certain that the longer the darkness cure lasted the greater was the disposition toward mental disturbances.—*American Lancet.*

An Abdominopagus Parasitic Monster.—G. W. Thompson, M.D., Winimac, Ind., reports that a multipara of Winamac recently gave birth to an abdominopagus monster, which is more remarkable than the famous Laloo (Sajou's Annual, 1889 and 1890), or the one reported by Dr. Buignon, insomuch as the parasite is better developed than in either case. The autosite is normally well developed, but is below medium size. It will, perhaps, weigh 4 pounds. The second child lacks a head, neck, and four upper dorsal vertebræ, the right arm, little finger on the left hand, and anus. The pelvis, the sacrum, and lumbar vertebra, with eight of the dorsal vertebra, are normal. The genital organs are perfectly developed, and about the same quantity of normal urine passes from this, as from the autosite. The lower limbs are perfect, except the knee-joints, which are curved and perfectly fixed by ankylosis, and are somewhat shorter than the lower limbs of the autosite. Both children are males, and at this time weigh 7½ pounds, dressed. The right arm of the parasite is represented by a rudimentary growth 3 inches in length, which resembles the index finger of a child 3 or 4 years old, and on which is a perfectly well formed finger-nail.

Labor commenced about 6 o'clock, P.M., and terminated at 10.30 P.M., lasting four and one-half hours from the time the first pain was experienced. There was little trouble in the delivery of the children, except when both bodies reached the superior straight of the pelvis. At this point the labor was slightly impeded, but was not at all troublesome, and a safe delivery was made. The parasite is attached to the autosite at the upper and outer side of the umbilicus on the left side by what seems to be a soft, fleshy union, and occupies a space in the left hypochondrial region of the autosite perhaps 2½ inches in diameter, and through which the blood enters the body of the parasite. Auscultation has failed to reveal the heart-sound in the parasite; hence, I infer, there is neither heart nor lungs. The temperature of both children has been normal since their birth, and both have enjoyed the best of health.

The family history of both parents is good; no hereditary taint of any kind has ever been known. Longevity is well marked in both families. The father is of fair complexion, weighs 155 pounds, and is 5 feet 10 inches in height. He is well-built and strong, and is 30 years of age. The mother is 29 years old. She has dark hair, gray eyes, dark complexion, and weighs 96 pounds. The parents have had two children born to them—both females, the eldest 6 years old, and the youngest 3. They are finely-developed children, and very healthy. The monstrosity is the third birth. No maternal impression can be assigned as an etiological factor in the present case. The mother enjoyed excellent health, and has not been subjected to a shock of any kind.—*The Medical Standard.*

Unique Case Extra-Uterine Pregnancy.—Dr. C. M. Macquibban, Aberdeen, on September 5, 1888, was called to attend Mrs. E. S., aged 43, who was suffering intense pain, coming in paroxysms. Pulse, 96; temperature, 100°. Difficulty in voiding urine, abdomen swollen, especially on right side. Had two miscarriages before the birth of last child, four years previous. Was the mother of 12 children, and labors natural.

Os far up; no dilatation nor discharge. No fœtal sound. Breast natural, but a swelling was discovered on the upper and back part of the vagina, below the os, soft and yielding to pressure. Supposing it a case of bilious colic, a dose of castor-oil, hot fomentations over abdomen, also laudanum, to quiet pain.

After an interval of some days, the same symp-

toms re-occurred, with again an interval of comparative relief. Consultation was proposed, and Professor Ogston was called. A diagnosis of retro-uterine hæmatocele, or extra-uterine pregnancy was made, and she was advised to go to the hospital for operation.

In the morning the bowels were emptied with an enema, and the abdomen opened, after strict antiseptic precautions had been taken. A large cyst presented itself, which, on being punctured, proved to be the overdistended bladder. This was surprising, as 2½ pints of urine had been drawn off immediately preceding the operation. The wound was stitched up with catgut, and a catheter tied into the bladder after the operation. This led into a bottle of carbolized oil, thus keeping the urine voided beneath a layer of antiseptic fluid. The tumor behind the uterus was then examined, and in Douglas's pouch there was found a cyst independent of the Fallopian tubes and uterus, and closely adherent to the posterior wall of the uterus. The cyst was punctured per vaginam, and a well-formed fœtus of about four months removed with forceps. The placenta and cord were left in the "false uterus," which was well washed out with salicylic lotion, and a large drainage-tube inserted. Wood-wool pads were placed over the perineum, and the abdominal wound was stitched up and dressed with the ordinary Lister dressing.

The subsequent treatment consisted in dressing the wound every four hours, and irrigating tube and vagina with salicylic lotion; labia rubbed well with iodoform. Diet consisted of a little milk, beef-tea, also weak tea, with ice to quench thirst. Temperature first day was 100.6°, which increased to 102.2° the second day.

A fresh drainage-tube was inserted, and the Lister dressing discontinued. At night the temperature fell to 98.2°. The case improved daily, with but few complications, and the cord and placenta came away on the third day. The bowels were kept quiet for a fortnight, when they were opened by a soap enema, and kept open until they acted naturally. The catheter was removed, but as urine escaped by the abdominal wound it was replaced, and retained some time longer. The wound was dressed twice a day until the improvement justified dressing but once a day. November 6th, about five weeks from date of operation, she was allowed to get up for the first time; and on the tenth was dismissed, the wound being nearly healed. The patient was otherwise well.—*British Medical Journal; Western Medical Reporter.*

A Case of Alcoholic Cirrhosis of the Liver in a Boy, Aged Thirteen.—Hermann M. Biggs, M.D., of New York, reports the following:—

In the early part of April of this year, through the courtesy of Dr. Jenkins (coroner's physician), I performed the autopsy on a boy, aged 13, who had died, with the following history: He was found in an unconscious condition at 1 P.M., in an outside water-closet, his absence having been noted for several hours. He was removed to the house, and died a few hours later without regaining consciousness. In the house was found a soda-water bottle, nearly emptied, but still containing a small amount of whisky. The previous history, as given by the family, was about as follows: When 2½ years of age he had an attack of bronchitis, and was then given whisky. He contracted at once, apparently, a taste for it, and its use had been continued to a greater or less extent since that time. He had suffered from most of the diseases of childhood, and had always received whisky at these times. The family said he was a rather stupid boy; there were few things he cared for, and, as he liked whisky, he had always been allowed to have it, and during the last two or three years had taken it almost constantly. He was supplied daily with money, and regularly went to the saloon each day to replenish his supply. He was accustomed to taking from 1 to 1½ ounces in milk, five or six times daily. Early on the morning of his death he seemed to be well, and went out, as usual, to have his bottle filled.

Apparently a much larger quantity than usual was taken, and his death was the result, as it was believed, from acute alcoholic poisoning supervening on a chronic alcoholic condition. His general stupidity was probably due to the semi-intoxicated condition in which he had constantly been during the larger part of his life. Strangely enough, the boy's family was rather superior to those of the ordinary working-classes. His father was a perfectly temperate man, and the other members of the family only drank occasionally, and in moderation.

Autopsy.—Subject presented in miniature the picture of chronic advanced alcoholism, as seen in old subjects. His face was pale, pasty, and bloated. There was slight œdema of the legs, the abdomen was large, and the layer of fat extremely thick. On opening the abdomen the liver extended 1½ inches below the free border of the ribs, and its surface presented the typical appearance of a well-marked hob-nailed liver. There was no fluid in the abdominal cavity. The heart was slightly large for the age of the subject, and the lungs somewhat œdematous. The spleen was enlarged, rather firm, and weighed 400 grammes. The kidney presented the usual appearances of a very moderately developed diffuse nephritis. The capacity of the stomach was increased, and the mucous membrane was thickened and congested, and was covered by a thick, glassy mucus. The brain showed what is familiarly known as a "wet brain." On opening

the dura a large amount of fluid escaped, and the meshes of the pia were distended with serum; the ventricles were greatly dilated, and the ependyma was tough, fibrous, and granular.

To return to the liver. The surface was characteristically hob-nailed, the elevated portions being of a light-yellow color, and the depressed lines between them a bright-red. The size was considerably increased, and the weight was 1,430 grammes. On section the tissue was friable, and presented the same bright-yellow projecting portions, with narrow, depressed, grayish lines surrounding them. The microscopical appearances showed the ordinary changes found in cirrhosis, but the fatty infiltration of the liver-cells was extraordinarily advanced. The amount of new-formed connective tissue was not great.—*Medical Record.*

Sulphurous Disinfection.—The following is a copy of a letter sent to E. B. Frazer, M.D., Secretary of the State Board of Health, Wilmington, Del., by Henry B. Baker, M.D., Secretary of State Board of Health, Lansing, Mich.:—

Dear Doctor: Your letter of August 18th, acknowledging the receipt of a copy of my letter to Dr. Duffield (giving results of experience of health officers in Michigan, and an account of experiments by Pasteur, Roux, Dujardin-Beaumetz, and others, relative to sulphurous disinfection) is before me. You ask me for further opinion, and refer to the report of the Maine State Board of Health for 1889, page 251, and Dr. T. Mitchell Prudden's estimate of the want of value of sulphurous disinfection.*

There are at least two valid objections to the acceptance of Dr. Prudden's conclusions to which you refer: (1) His experiments dealt with a micro-organism which seems to be different from the one most generally accepted as the probable cause of diphtheria. Therefore he may or may not have been dealing with a micro-organism causing diphtheria. (2) The quantity of sulphur burned,—the strength of the sulphurous-acid fumes which he employed is not stated. It having been proved by actual experience with disease and by other laboratory experimenters (Pasteur, Roux, Dujardin-Beaumetz, Vallin, Legouest, Polli, Pettenkofer, Dougall, Fatio, and Pietra Santa) that sulphurous-acid gas is not always a disinfectant when employed in small proportions, and that it is a disinfectant when employed in large proportions, such as result from the burning of three pounds of sulphur to each thousand cubic feet of air-space, no different conclusion should be reached from Dr. Prudden's experiments as published.*

You mention that Dr. W. H. Welch, of Baltimore, "enters his protest" against disinfection by sulphurous-acid gas. I respectfully submit that entering a protest should count for very little in science as against the results of actual, practical experience in the restriction of diphtheria; it should not even take rank with definite statements of results of laboratory experiments.

Laboratory experiments are very valuable, but they need to be repeated, by the same observer and other observers, in order to eliminate errors due to accidental and incidental conditions.

It is not easy to make laboratory experiments which shall conform to or correctly represent average conditions in actual outbreaks of disease. That is probably one reason for the discrepancies in laboratory experiments, and for the disagreement of some laboratory experiments with practical experience with disease.

One reason for this last disagreement may be that micro-organisms which, after subjection to a disinfectant, may yet have sufficient vitality to reproduce in a laboratory where the most favorable conditions are supplied, could not possibly do so in the human throat, or elsewhere in the human body, because of the well-known power of the fluids of the body to destroy micro-organisms, as proved by Dr. Prudden's and other laboratory experiments, following but not confirming Metschnikoff's doctrine of the phagocytes.

Progress would be easier, more rapid, and the backward and forward movements less frequent, if the experimenters in laboratories would be more careful in stating the details of their work. The interpretation of the results of laboratory experiments and the determination of the bearing which they should have upon practical affairs is an extremely difficult work, and one in which there is very great liability to error.

Practical health officers need to employ a gaseous disinfectant that shall at once reach all surfaces, ledges, cracks, drawers, and receptacles of dust wherever it may be in the room; that shall permeate all articles sufficiently permeable to admit disease-causing micro-organisms; that will not necessitate too much labor in the removal of furniture or other articles; that shall have power to destroy or sufficiently weaken the vitality of the "germs" of such diseases as diphtheria and scarlet fever, and occasionally small-pox, as they are usually distributed in the sick-room, and that shall not destroy family portraits and similar articles. Only two such disinfectants are prominently before us for choice,—chlorine and sulphurous-acid gas. Of these two sulphurous-acid gas is made in proper quantity, with more certainty and less trouble than is chlorine gas, and, at present, I regard the weight of evidence in its favor as equal to that relative to chlorine gas, concerning which not so much evidence has been published. Practical experience in Michigan proves that by isolation

* American Journal of the Medical Sciences, May, 1890, p. 470.

of first cases of diphtheria, and disinfection of premises after death or recovery therefrom, by fumes of burning sulphur, etc., four-fifths of the cases and deaths which would otherwise occur from that disease are prevented. If there is any other method of disinfection, or any other procedure that can be shown to reduce the cases and deaths more than the four-fifths, and down to less than an average of 2⅓ cases, and six-tenths of one death to each outbreak, I am exceedingly desirous of knowing what it is. But, inasmuch as that is the recent experience in Michigan (outside of the great cities), it does not seem best to give up the methods employed until evidence of a better method is produced.

Meantime, I would advise a continuance of sulphurous disinfection for the purposes for which it is applicable, and for which it is greatly needed, as stated above, not including the disinfection of excretions from the patient, for which chlorinated lime or liquid is applicable; nor of bits of diphtheritic membrane, which should be destroyed by fire; as should also all rags, and everything else not too valuable, used about a patient; and all clothing, bed-clothes, etc., that can profitably be boiled, should be so treated.

BOOK REVIEWS.

Hypodermic Medication. By DRS. BOURNEVILLE and BRICON. Translated by G. ARCHIE STOCKWELL, M.D., F.Z.S.; Member of the New Sydenham Society, London. Detroit, Mich.: Geo. S. Davis. 1890.

The authors of this useful manual, who are well-known writers, have given the profession a most practical account of hypodermic medication. The drugs employed are considered alphabetically, and the text is both well expressed and interesting to the reader. Dr. G. Archie Stockwell, the editor of this work that has been so popular in Europe, has added some very useful notes, and has made the manual the best one of the kind for the general practitioner.

Dust and its Dangers. By T. MITCHELL PRUDDEN. G. P. Putnam's Sons, New York (27 West Twenty-third St.) and London. 1890.

This small but very practical work is written by one of the best observers of the day. Dr. Prudden has certainly given the reader very many valuable facts showing the dangers from the living elements in dust. One of the very interesting chapters is upon consumption and the ways in which it is spread by dust, containing material which will be of value to the public as well as the profession. A number of very good plates accompany the text, illustrating the different forms of micro-organisms found in dust.

The Quintessence of Socialism. By PROF. A. SCHAFFLE, former Minister of Finance in Austria. Translated from the eighth German edition, under the superintendence of BERNARD BOSANQUET, M.A., formerly Fellow of University College, Oxford. Paper, 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

This little work contains a temperate discussion of one of the most important problems of the age. The arguments are presented in excellent style, and the opinions or criticism of the author are separated from the descriptive account. The whole subject is presented in a scientific way, and the translation is evidently very well performed.

Darwinism and Politics. By DAVID G. RITCHIE, M.A., Fellow and Tutor of Jesus College, Oxford. To which is added *Administrative Nihilism*, by PROF. THOMAS HENRY HUXLEY, F.R.S. Paper, 15 cents. The Humboldt Publishing Co., 28 Lafayette Place, New York.

This is a very good number. Mr. Ritchie writes thoughtfully of the struggle for existence, the application of the evolution theory to human society, and the influence of the doctrine of heredity. The practical application of the doctrine to the labor question, the position of woman, and the population question is then considered. Prof. Huxley, in the luminous English of which he is a master, treats in his address of the philosophy of government.

Wood's Medical and Surgical Monographs. Vol. VIII, No. 1. October, 1890. William Wood & Company, publishers, 56 and 58 Lafayette Place, New York.

This monograph, which has been received just before going to press, contains the following contributions: "Suppuration and Septic Disease," by W. Watson Cheyne, M.D.; "Pharmacopœia for Diseases of the Skin," by James Startin; "The Nasal Neuroses," by Granville Macdonald, M.D.; "Artificial Respiration," by Benj. W. Richardson, M.D.; "The Newborn Infant—its Physiology, Hygiene, and Nourishment," by Dr. A. Auvard; and "The Urine in Neurotic Diseases," by Alexander Peyer. The articles just cited all contain original observations by some of the best writers of the day, gentlemen who are most active in presenting new and progressive views to the profession. Dr. James Startin, on skin diseases, has given a large number of valuable formulæ, which he has tested and found most useful in his hospital practice. His rules of diet are especially interesting to all practitioners, as well as the therapeutic index given in the same article. Another most valuable contribution in the same monograph is "Artificial Respiration," by Dr. Benj. Richardson. The author points out the great value to every physician of this subject, and

brings very strong arguments to sustain all his views. The contribution on the newborn infant is well illustrated, and gives very many good ideas upon the hygiene of the infant. If the remaining monographs for November and December are as full of interesting reading matter as the October number and all the previous issues for months of 1890 they will certainly form a most valuable library for a very small sum of money.

Regional Anatomy in its Relation to Medicine and Surgery. By GEORGE MCCLELLAN, M.D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy; Professor of Anatomy at the Pennsylvania Academy of the Fine Arts; Member of the Association of American Anatomists, Academy of Natural Sciences, Academy of Surgery, College of Physicians, etc., of Pennsylvania. With about 100 full-page fac-simile illustrations reproduced from photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature. Philadelphia: J. B. Lippincott Co. 1890.

To be complete in two volumes of about 250 pages each, large quarto. The object of the work is to convey a practical knowledge of regional anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding anatomy in its medical and surgical relations. The illustrations are intended to verify the text and to bring before the reader the parts under consideration in as realistic a manner as possible. Vol. I will be ready for publication about December 8th, and the second volume is expected to appear shortly thereafter. The work will be sold by subscription only.

Popular Science Monthly for October.

Dr. White continues his chapters in the warfare of science, discussing in this number the fall of man and anthropology. A short article on "The Earthly Tabernacle," by Olive Thorne Miller, describes modes of burial which have prevailed among various peoples, concluding with an intimation of the advantages of cremation rather than an express advocacy of that custom. Mary Alling Aber, in "Mothers and Natural Science," shows how it is possible to implant a taste for the study of nature in children of early age. Dr. Samuel Hart contributes, under the title of "Invisible Assailants of Health," a popular exposition of the effects produced by various pathogenetic microphytes. "The Evolution of Chemical Truth," by M. Louis Olivier, is an interesting article. He begins by quoting the remark of J. B. Dumas concerning the "singular contrast which is to be remarked among ancient peoples between the flourishing condition of industrial chemistry and the entire absence of theoretical chemistry. A valuable contribution to ethnological archæology by Dr. Edgar A. Mearns, U.S.A., describes the "Ancient Dwellings of the Rio Verde Valley" in Arizona. These edifices are very solidly built of stone, one in particular, which appears to have been a fortress and is known as "Montezuma's Castle," being constructed in the face of a high limestone cliff. The structure consists of several floors, the lowest of which is forty-two feet above the level of the cliff, and can only be reached by ladders. A number of illustrations accompany the paper, representing some of the rock-dwellings, as well as various objects of ornament or use which have been collected. A sketch and portrait of the celebrated French philosopher, René Descartes, is contained in this issue. The Editor's Table, Literary Notices, Popular Miscellany, and Notes are up to the high standard maintained by this excellent periodical.

Beiträge zur Augenheilkunde von Professor R. Deutschmann in Hamburg. I Heft. Mit 10 Abbildungen im Text. Hamburg and Leipzig: Verlag von Leopold Voss.

Contributions to Ophthalmology. By PROFESSOR R. DEUTSCHMANN, of Hamburg. Part I. With 10 illustrations. Hamburg and Leipzig: Leopold Voss.

This is the first of a series of papers which the author proposes to issue from time to time, according to the accumulation of cases which shall be of interest alike to the practitioner and pathological anatomist. The pamphlet is paper bound, contains 80 pages, and is clearly printed in Roman type. It is abundantly justified by its contents, and if—as this specimen leaves us no reason to doubt—succeeding numbers are equally valuable, Professor Deutschmann's "Contributions" will constitute an important addition to the literature of his specialty. In fact, the volume before us is as interesting to the general practitioner as to the ophthalmologist. Of the seven essays here brought together the first treats of antisepsis in wounds of the eye, and contains an account of several cases of penetrating wounds of the eye in which sutures were inserted under the most careful antiseptic precautions, and with the happiest result, organ and function being preserved. In his second paper, remarks upon the pathology of the optic nerve from its entrance into the orbit, the author relates an interesting case of optic neuritis of rheumatic origin, which he thought had spread by contiguity from periostitis surrounding the optic foramen. The third article briefly describes a case of homonymous hemianopsia following an injury to the skull. A case of amaurosis from auto-intoxication in cancer is next related. Cases of this

character have only lately found their explanation in the study of the tissue changes in cancer by Müller and Klemperer, of which an account has been given in the MEDICAL BULLETIN for March. The fifth case published in this book is one of spontaneous dislocation of the retina, with sudden outbreak of severe pain, retraction of the iris, and increased depth of the anterior chamber. A case of hæmorrhagic glaucoma and one of a rare form of ocular tumor conclude a volume well worth reading, and which we shall be glad to see followed by other "Contributions."

A Dictionary of Practical Medicine. By various writers. Edited by JAMES KINGSTON FOWLER, M.A., M.D.; Fellow of the Royal College of Physicians; Senior Assistant Physician to the Middlesex Hospital and Lecturer on Pathological Anatomy in the Medical School; Senior Assistant Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Philadelphia: P. Blackiston, Son & Co., 1012 Walnut Street. 1890.

The author of this very useful volume has presented an account of the various subjects occurring in practical medicine and diseases of women. The very simple arrangements of the various topics alphabetically makes the book especially valuable. A general index, also alphabetically prepared, opens the volume. Beginning with abdominal tumors,—a subject well written by Dr. Sidney Causland,—and filled with all the recent views, until the term zymotic, prepared by Dawson Williams, the text is found to be all that the busy physician requires. A subject also of special importance in the body of the work and remarkably well written is upon phthisis, by Dr. E. Clifford Beale and Dr. J. K. Fowler. The recent views upon phthisis are here given, and much attention in this article has been directed to the consideration of climatic treatment. We also note a very concise contribution upon electricity, by the well-known author, Dr. W. E. Steavenson. This writer gives in a very brief space much information, especially upon electricity as a therapeutic agent. Dr. Edgar Crookshank, the distinguished writer on bacteriology, has contributed a well-arranged article on micro-organisms, which is also illustrated by a fine plate taken from one of the author's works. The list of contributors is composed of such eminent writers and practitioners as Dr. John Abercrombie, Dr. Francis De Havilland Hall, Dr. Robert Saunby, Prof. Victor Horsley, Dr. David W. Finlay, and others. The editor is to be congratulated for the arrangement of one of the best and most complete medical dictionaries now before the profession. The subjects are thoroughly treated and they present all the recent views from some of the most noted writers in the medical profession.

Wood's Medical and Surgical Monographs. Published monthly. Price, $10 per year; single copies, $1. Vol. VI: Bronchial Asthma, by John C. Tharogood, M.D.; Convulsive Seizures, by G. Hughligs-Jackson, M.D.; and Surgical Treatment of Diseases of the Brain, by Ernest von Bergmann, M.D. Vol. VII, No. 1, July, 1890: Stricture of the Rectum, by Chas. B. Kelsey, M.D.; Influence of Heredity on Alcoholism, by Dr. Paul Sollier, Paris; Rabies, by Louis Pasteur, Paris; Colotomy, by Thos. Bryant, F.R.C.S.; Massage of the Abdomen, by Dr. Rubens Hirschberg. Vol. VII, No. 2, August, 1890: Morbid Blushing, by Henry Campbell, M.D.; Alcoholism in Women, by Dr. Flumeuf; The Different Methods of Lifting and Carrying the Sick and Injured, by Geo. H. Darwin, M.D.; Treatment of Ingrown Toe-Nail, by Joseph Amiard, M.D.; Chronic Bronchitis and its Treatment, by William Murrell, M.D. Vol. VII, No. 3, September, 1890: Insomnia and its Therapeutics. William Wood & Co., Publishers, 56–58 Lafayette Place, New York.

We regret that owing to our absence from the editorial office the review of the Monographs have been delayed to this late date. As will be seen from the titles of essays given, they include some of the most distinguished writers in the profession. They are all choice reading for the busy physician. They abound in the practical observation of practical men.

In the June number Dr. Sharswood recommends many most useful agents and combinations for the treatment of bronchial asthma. In the same issue Dr. Hughlings-Jackson, one of the best of modern authorities, relates all the recent views as to the management of convulsive seizures.

Dr. Louis Pasteur, the great authority on rabies, gives a full account of the disease, illustrated by cases and with an introductory note by Dr. Charles L. Daner, of New York, in the July number, followed by a very fine contribution upon colotomy, with the choice of operation, by Thomas Bryant, F.R.C.S. The treatment, especially the operative method, of ingrown toe-nail, by Dr. Joseph Amiard, is well set forth and illustrated in the August number. We may here also allude to one of the most practical contributions that have appeared in the Monographs, that follows the last article, on "Chronic Bronchitis and its Treatment," by Dr. William Murrell. This practical author has written the contribution from actual clinical experience, and, with the many prescriptions for this unfortunate disease recommended in the pages, the physician will be amply repaid for glancing through the pages.

In the September number Dr. MacFarlane's most interesting and useful article on "Insomnia and its Therapeutics" is included, with much

value to the reader. The author has written the best and the most valuable contribution upon this very important subject,—a subject in which all physicians are interested, a subject which tries the patience of all men practicing medicine, and a subject so well treated by the author as to be of the utmost use to the physician.

Masso-Therapeutics, or Massage as a Mode of Treatment. By WILLIAM MURRELL, M.D., F.R.C.P.; Lecturer on Pharmacology and Therapeutics at the Westminster Hospital; formerly Examiner in Materia Medica to the University of Edinburgh, and the Royal College of Physicians of London. Fifth edition. London: H. K. Lewis, 136 Gower Street, W. C., 1890. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

Dr. Murrell having by his writings and teachings become one of the very best known authorities upon massage, the rapid exhaustion of the fourth edition of his popular work is no surprise. Good, practical books always have among the profession a rapid and easy sale, and such has been the record of Murrell on masso-therapeutics since the disappearance of the first edition. The term masso-therapeutics to many is not well understood, and we therefore take the opportunity of presenting the views of the author of this work in his concise preface to this fifth edition. Dr. Murrell speaks in the following manner of masso-therapeutics, as well as of massage, which is often improperly understood and misapplied:—

"As the title of this, the fifth, edition of 'Massage as a Mode of Treatment,' I have again employed the term masso-therapeutics. It may be said that there is not much difference between the two, but there is a difference which, as time goes on, becomes more pronounced. By masso-therapeutics, I mean the scientific aspect of the subject; massage that is simply as a therapeutic agent, and not massage as a means of earning a living, or as a modified form of hotel-keeping.

"It must be admitted that many people regard massage and all that appertains to it with a good deal of suspicion, and not without reason. The difference is, not that massage fails to receive the credit to which it is entitled, but that it is employed in a number of cases for which it is essentially unsuited.

"No discrimination is exercised, but its use is advocated for all sorts of chronic ailments. That is a grave mistake, and is greatly to be deplored. The work, too, is often carried on by people who know little or nothing about it, and who have not even mastered its most elementary details. They regard it as a special system of treatment, whereas in reality it is only one of a number of therapeutic agents at the disposal of every physician.

"They practice without knowledge and often do incalculable harm. It is not pleasant to hear of an aneurysm or an ulcer of the stomach being ruptured by the efforts of a too-zealous rubber, but such mishaps are not infrequent.

"The so-called *masseur* or *masseuse* who goes about the country armed with a 'certificate' which is simply a receipt for money paid is an abomination, and has been the means of bringing a legitimate mode of treatment into disrepute. The confusion which still exists between massage and Weir-Mitchellism is also unfortunate.

"Since the publication of the first edition, I have visited Holland, Sweden, Russia, Finland, and the United States, with a view of ascertaining the progress of massage in those countries. In the present edition several illustrations have been added.

"The old headings of the chapters have been retained, although they are no longer very appropriate."

We cannot point out a more valuable lesson than that conveyed by the author which has just been quoted. To understand masso-therapeutics one must study it. One must know when and how to apply it. One, especially the operator, must have some knowledge of the movements, their method of application, and the parts to which the treatment is to be directed. Dr. Murrell has, by careful study and by much clinical experience, been able to master this important mode of treatment. He has been able with his knowledge and clear perception to be in a position to select the cases for which massage has been applicable. He has afterward, under such circumstances, been enabled to see that massage has been applied in the scientific manner that makes it a treatment of much value. Throughout the text the author clearly shows the class of cases in which massage is of value, and in some in which it is attended with harmful results.

After a most pleasing introduction, beginning with Chapter I, the reader is given in turn the history of massage, the method of performing it, the masseur and masseuse, and the physiological action of massage. Continuing from the latter (fifth) chapter until the fourteenth, which completes the work, the use of this mode of treatment is well described in paralysis, constipation, rheumatism, neurasthenia, spinal irritation, organic diseases, surgical affections, poisoning, and in uterine complaints.

The cuts in this (fifth) edition are remarkably clear, and demonstrate well the purpose for which they are intended. "Masso-therapeutics, or Massage as a Mode of Treatment" is so interesting and so instructive as to be of especial value to every one who may be interested in the study and practice of medicine.

COMMERCIAL NEWS.

Dioviburnia.

The subject of uterine disease reminds me that during the past six months I have had my attention drawn to a remedy which goes under the name of Dioviburnia, the formula of which is given by the proprietors, it being composed of equal parts of the fluid extracts of viburnum prunifolium, viburnum opulus, dioscorea villosa, aletris farinosa, helonias dioica, mitchella repens, caulophyllum thalictroides, scutellaria lateriflora (each fluidounce contains ¾ dram each of the fluid extract).

The proper dose is, for adults, from a dessert- to a table- spoonful, three times daily, after meals.

In urgent cases, with much pain, it should be given every hour or two, in a half-glass of hot water. I am free to say that, with the exception of the "black haw" (a most valuable remedy), I was not familiar with the component parts of the Dioviburnia, but, having read the very emphatic endorsement by Drs. J. B. Johnson and L. Ch. Boisliniere, of St. Louis, two of the most eminent professors and practitioners of the city, as well as that of Dr. H. Tuholske, I was induced to give the compound a fair and thorough trial, and I am convinced that in Dioviburnia we have a valuable addition to our armamentarium in our battle against the enemies of the noblest work of God—Woman.—*Medical Review Editorial.*

Chronic Laryngitis.

℞ S. H. Kennedy's Ext. Pinus Canadensis (dark), . . . 1 oz.
Drosera rotund, . . . ½ oz.
Pure glycerin, . . . 4 oz.

M. Sig.: Fifteen to thirty drops three or four times per day. Also, in nasal catarrh I think it almost a specific.

Extract of Pinus Canadensis.

Alex. M. Bligh, M R.C.S. Eng., etc., Liverpool, England, says: S. H. Kennedy's Extract of Pinus Canadensis is an invaluable remedy for most diseases of the mucous surfaces, especially of the throat, and, indeed, the whole intestinal mucous membrane. In throat affections, relaxed uvula, chronic laryngitis, assuming the form of aphonia clericorium, to which teachers, singers, and clergymen are subject, I have found its administration, both internally and as a gargle, most useful. I have considerable experience of its efficacy in clergymen, and find it invaluable in neurosis of larynx.

From A. A. Henske, A.M., M.D.,
Professor of Gynecology at St. Louis College of Physicians and Surgeons; Physician to St. Ann's Lying-in Hospital and Asylum.

St. Louis, Mo., May 6, 1890.

The Maltine Manufacturing Co.

Gentlemen:—I have always been careful in recommending any of the many remedies now placed before the medical profession. After having given your "Maltine with Pepsin and Pancreatine" a thorough trial at St. Ann's Lying-in Hospital and Asylum, I most cheerfully recommend it to the profession, and attach a brief sketch of my hospital experience with the above preparation.

Three children in the asylum (St. Ann's Hospital and Asylum) between 3 and 5 years of age, suffering from the sequels of scarlet fever, had become very anæmic after a short attack of acute nephritis. I immediately placed them upon "Maltine with Pepsin and Pancreatine" with the very best results. The digestion improved, they recuperated very rapidly, and gained in flesh. In quite a number of cases of children from 2 to 3 years of age, who were suffering from obstinate gastro-enteritis, "Maltine with Pepsin and Pancreatine" was given with good and satisfactory results. Yours truly,

A. A. Henske.

We have the utmost confidence in the purity of McArthur's Syrup of the Hypophosphites of Lime and Soda. See their interesting advertisement on page 2.

Epilepsy.

In a case of epilepsy of several years' duration, I am happy to say that Peacock's Bromides did the work well; also prescribed it in cases of nervousness and headaches, and was successful in relieving both. In eighteen years' practice I have not had such satisfactory results as from Peacock's Bromides.—J. McBrowder, M.D., Montezuma, Ohio.

Disinfectant.

For all the purposes of household disinfection Platt's Chlorides is especially prepared, and long experience has proven it amply worthy. It being an odorless liquid, its frequent employment is not attended with any inconvenience or annoyance, while it is always ready for use—simply needs diluting with water before sprinkling about. Its power, virtue, and reliability is attested by many thousands of physicians—and hundreds of thousands of careful householders.

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